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Individuation as an Adolescent Developmental Task: Associations with Adoptee Adjustment

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Individuation as an Adolescent Developmental Task:

Associations with Adoptee Adjustment

A Dissertation Presented

by

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DEDICATION

To adolescence and the growth that comes from challenge.

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ABSTRACT

INDIVIDUATION AS AN ADOLESCENT DEVELOPMENTAL TASK:

ASSOCIATIONS WITH ADOPTEE ADJUSTMENT

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This study evaluated the associations between adolescent individuation and concurrent and long term adjustment in adoptive families. Individuation was assessed using an observational measure examining behaviors and communications demonstrative of individuality and connectedness between each parent and the adolescent. Findings did not support the hypothesized connection between adolescent individuation and concurrent and long term adjustment in adoptive families. However, further analyses revealed particular importance of connectedness between adolescent and parent for adolescent adjustment, which was found to vary by adolescent gender. Specifically, analyses revealed that gender interacts with both adolescent-father connectedness and mother-adolescent connectedness in predicting adolescent internalizing symptoms; for adolescent males, internalizing symptoms were found to decrease as mother-adolescent connectedness increases. These findings suggest a shift in the understanding of individuated parent-adolescent relationships from comprising co-existing individuality and connectedness to connected relationships which allow for, support, and foster adolescent individuality and autonomy. These results also highlight the particular value

of the mother-adolescent relationship for adolescent adjustment in adoptive families. Additionally, cross-informant ratings of adolescent and young adult adjustment were examined within and across time in this adoptive family sample. These findings are compared to relevant literature in adolescence and extend the literature by examining cross-informant ratings in emerging adulthood in adoptive families.

TABLE OF CONTENTS

Page

LIST OF TABLES

LIST OF FIGURES

Figure Page

CHAPTER 1

INTRODUCTION

Adolescence is a pivotal period of development in the human life span and has captured the attention of researchers and theoreticians for decades. According to modern perspectives, healthy adolescent development is facilitated by parent-adolescent relations that preserve strong familial bonds *and* allow for adolescent individuality. The adolescent journey toward adulthood is thus characterized by a challenging balancing act, which entails the dialectic of connection and independence. Using the family as a context of development and assuming that autonomy and attachment are fundamentally connected and interactive, this study examines whether the constructs of autonomy and attachment, enveloped into the overarching framework of adolescent individuation, influence concurrent and long-term adjustment outcomes.

The diversity of contemporary society had inspired advancements in theory and research studying human development, highlighting the importance of research which is not based on categorical assumptions of the human experience. There is thus a growing need for research which embraces the complexity intrinsic to contemporary society and does not collapse differences into one subject of examination. As such, this study tackles multiple aspects of complexity inherent to the understanding of human development, grappling with the complexity as opposed to reducing it for more streamlined research. First, individuation is itself a construct which entails a continuous dialectic, requiring everyone involved, including families with adolescents and researchers studying individuation, to embrace a concept of independence and connection that is interactive and interdependent. This complex relational construct is measured in this study by observer ratings of individuality and connectedness in adolescent-mother and adolescent-

father pairs. This study not only seeks to better understand adolescent individuation but to examine whether individuation is associated with concurrent and long-term adjustment.

Furthermore, this study examines adoptive families, considering this type of family structure a valuable form of family complexity that warrants research attention in its own right as opposed to as a source of comparison to other family types. Given the broad changes that have occurred in family structure over the past 60 years and the prevalence of varying family structures in modern American society, family no longer refers to the "traditional," nuclear family including children living in an "intact" family with two biological parents. Thus, family research which simply addresses the nuclear family or compares more "diverse" families to this "norm" is becoming increasingly obsolete. This study examines adolescent individuation solely in the context of adoptive families, reflecting the importance of studying developmental processes within specific types of family structures. Furthermore, connection and loss are fundamental aspects of the adoption experience and thus adoption, particularly during adolescence and young adulthood when these issues are especially salient, provides an intriguing context in which to study the dialectical process of maintaining closeness while gaining independence.

In sum, this study examines whether adolescent individuation in adoptive families is associated with concurrent and long term adjustment. The sections that follow provide a conceptual framework for the current study, beginning with a theoretical overview of adolescence, then discussing the more specific theoretical underpinnings of individuation, followed by information regarding adoption, adoptive families, and adopted adolescents.

Next, a review of the literature will be presented, which focuses on adolescent individuation as well as the use of multiple informants in assessing youth adjustment and symptomatology. The overarching aim of this study is to examine whether adolescent individuation is associated with adolescent and young adult adjustment, defined as internalizing and externalizing symptoms. Subaims include examining individuation profiles, defined by levels of individuality and connectedness, in parent-adolescent pairs in adoptive families as well as describing levels of internalizing and externalizing symptoms, as reported by mother, father, and self at adolescence and young adulthood.

Theoretical Overview: Adolescence, Individuation, and Adoption

Adolescence through Emerging Adulthood

The following section provides a theoretical overview of this study, beginning with a discussion of the developmental framework of this study, which lies in adolescence and extends into emerging adulthood, and concluding with an overview of individuation and adoption and adoptive families. In the United States, adolescence is a time of great social, emotional, cognitive, and physical change as well as a period characterized by the tension between establishing independence from and maintaining relationships with parents. Historically, this tension has been understood as a struggle between the diametrically opposing forces of independence and dependence, or autonomy and attachment.

The conceptualization of adolescence as a battleground emerges from the view that liberation from parents is a fundamental task of adolescence (Freud, 1958). According to psychoanalytic models, which have profoundly influenced the conceptualization of adolescence, puberty and, correspondingly, sexuality trigger a

process of detachment from parents which is set in a broader context of intrafamilial "storm and stress" (Steinberg, 1990). This detachment functions to conclude the preadolescent period and unhinges the preexisting parent-child bond, allowing for the adolescent to withdraw from the family, generally via familial conflict, in order to form new attachments with peers. Detachment, as conceived by traditional psychoanalytic models is both an inevitable aspect of adolescence and a necessary step toward independence, setting the stage for self-reliance and self-regulation (Ryan & Lynch, 1989). This perspective of adolescence thus considers the dissolution of childhood closeness with parents as a primary task of adolescence (Adelson & Doehrman, 1980).

The view that detachment from parents is a fundamental part of adolescence addresses the increasing reliance on peers for companionship and support which continues to be considered characteristic of adolescence; however, the necessity of severing the parent-child relationship to allow for the development of the adolescent peer social network/support system has been refuted, and adolescent detachment from the family has come to be understood as neither normative nor preferable (Grotevant & Cooper, 1986; Steinberg, 1990). Though autonomy and detachment have historically been used interchangeably in reference to the adolescent's journey to adulthood, these terms have come to be seen as representing quite different constructs. Neoanalytic theory shifted the focus of adolescent development from detachment to individuation. Mahler (1968) originally used the term individuation to refer to the success with which toddlers assert their individuality from their parents, a process believed to have long-term implications for the construction of the self. Blos (1979) expanded upon this, proposing that a second separation-individuation experience occurred in adolescence. According to

Blos, the ability to progress through these separation-individuation experiences predicts individual personality and social relationships. Individuation was defined as a process in which individuals develop a more distinct sense of self as psychologically distinct from their parents (Blos, 1967; Steinberg, 1990).

Both Mahler and Blos believed that individuation entailed a process of disengaging from parents in order to establish an independent self, however, Blos (1979) viewed the rejection of parents as more cognitive and less behavioral and conflict-ridden than the psychoanalytic "storm and stress" model of adolescent development (Grotevant & Cooper, 1986). According to Blos' conceptualization, individuation still involved abandoning childish reliance on parents in order to become fully independent; however, successful individuation did not necessitate blatant rebellion or rejection (McElhaney, Allen, Stephenson, & Hare, 2009; Steinberg, 1990). This perspective thus moved away from the "storm and stress" model of adolescence, marked by conflict and detachment, and proposed a more connected process through which adolescents mature and come to understand themselves and their parents.

Recent conceptualizations of adolescent development have more fully renounced the traditional analytic view of detachment and further developed the neoanlaytic perspective of individuation, shifting the focus to the relational transformation occurring in the parent-adolescent bond (Steinberg, 1990). This modern perspective of adolescent development examines how the preservation of parent-adolescent relations and the adolescent strivings for autonomy might be imbedded within one another and work together as opposed to in opposition (McElhaney, Allen, Stephenson, & Hare, 2009). This perspective views the parent-child relationship as an enduring bond that "continues

throughout the life span…but undergoes significant transformation in adolescence and young adulthood….as it is renegotiated from patterns of relatively unilateral authority towards mutuality" and cooperative negotiation (Grotevant & Cooper, 1986, p. 83). This relational transformation is considered essential to the progression of adolescents' social and psychological development, and the termination of the parent-child bond is believed to jeopardize this developmental process (Steinberg, 1990). According to the modern conceptualization of individuation, adolescents in healthy functioning families continue to respond to parental authority and seek parental advice, however with greater freedom than they did as children. Correspondingly, parents preserve their authority by allowing adolescents more freedom and recognizing their needs and abilities (Steinberg, 1990). In sum, the continuing interplay between individuality and connectedness in family relationships is considered to be an integral, albeit complex, component of individual and family functioning (Grotevant & Cooper, 1986).

While the foundation of this study lies in adolescence, the scope of this work extends beyond this period, consistent with the conceptualization of individuation as a primary developmental task of adolescence. Originally conceptualized by Havighurst (1952), developmental tasks are basic tasks related to adaptive individual and societal functioning which arise at specific periods of development. According to traditional task theory, successful "resolution" of developmental tasks increases the likelihood of successful resolution of future developmental tasks, all of which correspond with positive adjustment and adaptive functioning. Thus healthy resolution of particular developmental tasks is believed to be associated with other indictors of adjustment and functioning concurrently but also in the future, as such achievements are viewed as

setting the stage for healthy development. Accordingly, this study examines whether adolescent individuation is associated with adjustment, specifically internalizing and externalizing symptoms, during adolescence and young adulthood, a period which has increasingly become a subject of research and theoretical interest.

What was previously considered a transitional period between adolescence and adulthood is now believed to be its own developmental period in America and other countries in the developed world, largely because of significant changes in demographics occurring in the U.S. and other industrialized societies over the last 25 years (Arnett, 2004; Arnett, 2006; Cohen, Kasen, Chen, Hartmark, & Gordon, 2003; Eccles, Templeton, Barber, & Stone, 2003). Termed emerging adulthood, this period is considered a phase of development lasting from the late teens to the late twenties, with an emphasis on ages 18-25 (Arnett, 2000). This period is described as having shifted from being a time of "settling down" and taking on adulthood roles related to marriage and parenthood, careers, and long-term residence to a time of unsettledness, exploration, instability, and self-focus (Arnett, 2006*a*). Emerging adulthood is considered a distinctive period, both demographically and subjectively, characterized by the exploration of possible life directions and experimentation with different world views, occupations, and romantic partners (Arnett, 2000, 2004).

Like adolescence, emerging adulthood is a period characterized by change. Set in the context of the major transition from adolescence to adulthood, emerging adulthood is a time of pervasive and often simultaneous personal and social changes (Schulenberg & Zarrett, 2006). Emerging adults experience changes in cognition, biology, emotions, identity, perspective, affiliation, achievement, roles, responsibilities, and context.

Furthermore, reduced institutional structure and support typically characterize this period, which demands increased self-direction and independence. While many emerging adults relish the independence, spontaneity and possibility afforded by this time, others feel distressed without the stability, direction, and structure that typify earlier stages of life (Schulenberg & Zarrett, 2006). Emerging adulthood is thus a period of major life transition and often instability, experienced by some as exciting and liberating and by others as overwhelming and stressful.

Development during emerging adulthood is intrinsically linked to the parent-child relationship. While emerging adults branch out from their families of origin and seek to independently establish themselves in the world, and perhaps even create their own families, their lives are still intertwined with their families of origin, and these family relations continue to influence their developmental trajectories (Aquilino, 2006). The period of emerging adulthood is particularly relevant to the current study because, while this period is characterized by general independence from parents, the challenges inherent to this period are often best navigated with parental support and a foundation of positive family relationships and prior adaptive development. Furthermore, it is important to examine the long-ranging effects of individuation into emerging adulthood to determine whether individuation is appropriately characterized as a developmental task of adolescence.

Individuation

Healthy adolescent development is currently believed to stem from positive and supportive family relationships. Research has found that adolescents who report close relationships with their parents score higher on measures of psychological development,

behavioral competence, and psychological well-being and lower on psychological and social problems, such as drug use, depression, and deviant behavior (Barnes, 1984; Feldman, Rubenstein, & Rubin, 1988; Harter, 1983; Jessor & Jessor, 1977; Maccoby & Martin, 1983; Steinberg & Silverberg, 1986; Steinberg, 1990). Additionally, numerous research studies have found that, despite increased time spent with peers and decreased time spent with parents, adolescents typically agree with their parents' general values and preserve positive beliefs regarding, feelings toward, and closeness with parents (Bandura & Walters, 1959; Douvan & Adelson, 1966; Hill & Holmbeck, 1986; Kandel & Lesser, 1972; Offer, 1969; Rutter, Graham, Chadwick, & Yule, 1976).

The importance of support and continued closeness in the parent-adolescent relationship, however, should by no means be interpreted as negating the prominence of autonomy development. Attaining autonomy is a crucial normative psychosocial, developmental task of adolescence, and a great deal of research has demonstrated problematic outcomes associated with a failure to achieve it (Zimmer-Gembeck & Collins, 2003). Definitions of autonomy, which typically involve self-governance, self-regulation, self-motivation, and independence (Turner, Irwin, Tschann, & Millstein, 1993), are often complicated by the fact that autonomy encompasses multiple dimensions of thought, action, and emotion and that overlap exists between autonomy and other terms referring to psychosocial maturity (Zimmer-Gembeck & Collins, 2003). Regardless of the differing theoretical perspectives and definitions of autonomy, a great deal of research has demonstrated that support for autonomy provided by others and adolescents' own autonomy are positively associated with adaptive adolescent functioning (Zimmer-Gembeck & Collins, 2003).

The development of autonomy typically accelerates during adolescence as a result of physical maturation as well as distinct changes in cognition, social relationships, and rights and responsibilities. Specifically, during adolescence, "self-reliance and personal decision making increase, the self and identity are gradually consolidated, and affect, behavior, and cognition are increasingly self-regulated" (Zimmer-Gembeck & Collins, 2003, p. 175). Normative developmental changes in adolescence include changes in the ways adolescents view their parents and themselves with respect to their parents. Triggered by the drive for autonomy as well as adolescents' growing cognitive capacities, adolescents realize that their parents are not perfect, gain increased awareness of themselves as individuals, and experience a heightened desire for more power in how they live their lives, all of which provide a foundation for autonomous adult functioning (McElhaney et al., 2009).

Autonomy development during adolescence is currently believed to parallel young children's exploration of their environment. During infancy and as toddlers, children explore the world with age appropriate independence and with their parents or other supervisors close at hand. Ideally such exploration occurs without parental resistance because it is through caregivers' emotional support and encouragement of age-appropriate independence that children develop the ability to confidently engage in new situations (Sroufe, 2005). Children who have healthy relationships with their parents and who are appropriately autonomous function relatively independently in the realms of their competence and appropriately rely on others when needed (McElhaney et al., 2009). The parental proximity needed during childhood is less crucial during adolescence because of the relative safety of the environment, compared to infancy, and adolescents'

cognitive, emotional, and behavioral development. Adolescents can function more independently than they did as children and thus can maintain connections to parents without the daily dependence needed in earlier life stages; however, emotional support, guidance, and affection is still critical to their adaptive development, particularly with respect to autonomy. Parental support helps adolescents engage in autonomous exploration of themselves and the world and allows them to direct their attention on the important social and emotional development tasks of forming friendships and romantic relationships and regulating their behavior and emotion (McElhaney et al., 2009).

In sum, the concept of individuation dictates that healthy parent-adolescent relationships allow both the parent(s) and the adolescent to acknowledge and support the adolescent's desire for independence while also sustaining their relationship; in the context of such relationships, adolescents are able to explore the world *and* seek comfort, support, and advice from their parents when needed (Belsky & Cassidy, 1994; McElhaney et al., 2009). In broad terms, "the most adaptive outcomes are thought to follow from parent-adolescent relationship processes that provide sensitive, responsive, and supportive parenting while also appropriately promoting adolescents' increased autonomous exploration" (McElhaney et al., 2009, p. 375). Accordingly, well-adjusted adolescents are capable of effectively negotiating a balance between maintaining close, supportive relationships with parents while simultaneously pursuing autonomy.

Conceptualizing individuation as a fundamental developmental task, individuation is theorized to have important implications not only for concurrent adjustment but also extending into young adulthood and beyond. According to development task theory, which states that successful resolution of early developmental tasks serves a powerful and

lasting protective role for future development (Egeland, Carlson, & Sroufe, 1993), individuation during adolescence increases the likelihood of positive adjustment during the next stage of life, emerging adulthood. More specifically, individuals who achieve individuation during adolescence, meaning they found a balance between appropriate autonomy and closeness in the parent-adolescent relationship, are likely equipped with the resources, skills, and coping strategies needed to face the challenges of emerging adulthood. Given that emerging adulthood is characterized by lacking structure and direction, the challenges inherent to this period, in particular, map closely onto the task of individuation during adolescence. Specifically, individuals who are autonomous, who can seek support and assistance from others, and who have supportive parents and family relationships are likely best suited to face the challenges of emerging adulthood, a time which requires increased self-direction and self-sufficiency. Correspondingly, a series of studies have reported that autonomy and relatedness in adolescent-parent interactions is associated with several significant markers of adjustment in young adulthood including educational and occupational attainment, psychopathology, drug use, and attachment security (Allen, Hauser, Bell, & O'Connor, 1994; Bell, Allen, Hauser, & O'Connor, 1996; O'Connor, Allen, Bell, & Hauser, 1996).

Interestingly, some researchers contend that this relatively recent conceptual shift in the understanding of adolescent separation-individuation reflects a departure from the historically parochial perspective of psychology. According to this perspective, the field's changed lens is demonstrated by the shift toward viewing separation-individuation as an interplay between autonomy and relatedness as opposed to viewing autonomy and relatedness as independent endpoints of adolescence. Gaulati and Heine (2001) believe

that viewing autonomy and separateness as mutually exclusive outcomes is of "limited usefulness because it is male-centered and presents a value system potentially biased against individuals from non-European-American cultures and diverse ethnic groups" (p. 60). For example, feminist psychologists have contended that the separation-individuation process differs according to gender because of varying developmental pathways for each gender which link gender identity and attitudes toward autonomy and relatedness (Chodorow, 1989; Gilligan, 1982). While some research has identified gender-based distinctions in separation-individuation, other research has not uncovered significant gender differences (Gaulati & Heine, 2001).

Adoptive Families and Adopted Adolescents

Before continuing with a review of the literature on adolescent individuation, it is necessary to first discuss adoption and adoptive families in order to adequately frame the current study. The purpose of the current study is not to compare adoptive families to nonadoptive families, but instead to examine adoptive families themselves given that such research provides valuable contributions to the study of family complexity and diversity. The following section provides a brief overview of adoption and adoptive families and then moves into a more focused discussion of some of the particular ways adoption might complicate adolescence and individuation. The intention of this section is not to pathologize adopted adolescents and their adoptive families and to raise the reader's awareness of the complexity inherent to studying adolescent individuation in the context of adoption.

Adoption entails the legal, permanent transfer of parental rights and responsibilities from a child's biological parents to the adoptive parent(s) who will raise

the child. There are many different types of adoptions including independent adoptions, adoptions processed through public agencies, such as the public welfare system, and domestic and international adoptions occurring through private adoption agencies. Adoption practice has changed a great deal over the past century. In the mid twentieth century, most adoptions were closed, meaning that no contact was allowed between birth and adoptive families and birth and adoptive families were given minimal to no information about one another. In the 1970s, adoption agencies began to offer the option of open placements, in which birth parents and adoptive parents could meet, exchange identifying information, and potentially plan to have ongoing contact following the placement. The practice of open adoption has expanded over the past 40 years and is now considered the preferred adoption arrangement (Brodzinsky, 2011). Openness arrangements vary in degree and type and can involve letters, emails, phone calls, gifts, or visits (Grotevant, 2012). In general, estimates suggest that approximately 1.6 million children live with adoptive parents and approximately 2-3% of American adolescents are adopted (Miller, Fan, Grotevant, Christensen, Coyl, & van Dulmen, 2000; United States Bureau of the Census, 2003; Zamostny, Wiley, O'Brien, Lee, & Baden, 2003).

Adoption, of course, does not end with the placement of the child in the adoptive family home. Though it was once customary for adoptive families to never speak of the adoption, particularly when closed adoptions were most common, both clinicians and family researchers now concur that healthy functioning in adoptive families entails creating an environment of open communication about adoption among family members (Brodzinsky, Smith, & Brodzinsky, 1998). According to the concept of the family life cycle, families undergo a systematic sequence of developmental changes over time

(Carter & McGoldrick, 1980); this concept encompasses the unique patterns of each family, more general individual and family development, and the broader sociocultural system, which refers to the context in which the family exists. Applying this theory to adoptive families, adoption experts have suggested that there are particular tasks related to adoption which develop over time and interact with the more universal tasks faced by families (Brodzinsky et al., 1998; Brodzinsky, Schechter, Henig, 1992). Adoption theorists have also suggested that adoptive parents and adopted children each have unique adoption related tasks and that the ability of each family member to address these tasks contributes to each person's functioning and adjustment. For example, tasks that many adoptive parents face include coping with infertility, discussing adoption with their child, and creating a family environment that is supportive of the child's adoption exploration (Brodzinsky et al., 1998). As they grow up, adopted children begin to understand what it means to be adopted, explore their connections to two families, cope with stigma related to being adopted, and engage in the process of integrating adoption into their developing identities (Brodzinsky et al., 1998).

Kirk's (1964) pioneering work studying adoptive families in the 1950s elucidated the importance of appreciating the differences in parenting between biological and adoptive families. As such, many adoption theorists, researchers, and especially clinicians contend that loss plays a central role in adoption for both the adoptive parents and the adopted child (Howe, 2003). Most parents currently adopt because of their own infertility and thus many cope with the loss of the child they could not conceive. According to Brodzinsky and colleagues (1998), middle childhood is when adopted children first begin to appraise adoption as involving loss, and this loss can be quite

profound, though not necessarily directly evident from outside subtle and not always observable to the outsider; "there is the loss of birth parents, birth siblings, and extended family, status loss associated with adoption-related stigma, loss of cultural, ethnic, and racial heritage, loss of genealogical connections; loss of stability within the adoptive family; and loss of identity" (p. 30). Even those adopted individuals who are placed quickly after birth may grieve for the parents they never knew as well as the parts of themselves lost through adoption, such as the loss of origins and of genealogical continuity (Brodzinsky, Schechter, & Henig, 1992).

Others, however, disagree with the view of loss as an inherent and even intractable aspect of adoption, instead arguing that such loss "may be less an inevitable, natural outcome of adoption than a particular path influenced by the manner in which parenthood and kinship are defined and how adoption is practiced in the United States," where value is placed on procreation and biological heritage (Leon, 2002, p. 652). While this view asserts that framing adoption in the context of loss is a social construction, and thus culturally relative, it is nonetheless a reality faced by many adopted individuals depending on the culture(s) into which they are adopted. Adopted individuals in America are often compelled to address their own adoption history in light of the abandonment, rejection, and/or loss narratives that can be ascribed to adoption or that stigmatize adoption in American society (Leon, 2002).

Thus, in American society, adopted individuals are challenged to integrate their understanding of themselves and their families with their adoption and knowledge of their adopted history. Certain factors related to adoptive family dynamics may contribute to the ability of adoptive individuals to incorporate their understanding of their own

adoption into their understanding of their adoptive families and themselves. Research has suggested that such factors may include the type and degree of contact between the adopted child and the biological family, the openness with which adoption is discussed in the adopted family, and the adoptive family's satisfaction with their interactions with the birth family (Grotevant, Rueter, Von Korff, & Gonzalez, 2011). In fact, associations have been found between these factors and psychological outcomes, particularly between the family's satisfaction with the adoption openness arrangements and externalizing behaviors in adopted adolescents and emerging adults (Grotevant, Rueter, Von Korff, & Gonzalez, 2011).

Adjustment to adoption is a complex and individual process, and various theoretical models have been used to understand developmental processes and adjustment patterns in adopted children and adoptive families. According to the stress and coping theory, for example, individuals are likely to experience negative emotions related to stress when they perceive a circumstance of their lives to be personally meaningful but also potentially threatening, challenging, stigmatizing, or involving loss (Brodzinsky et al., 1998; Lazarus, 1991). With respect to adoption, this model assumes that adoption is associated with a range of experiences related to loss and stigma and that adoption is thus a potential stressor for adopted children. The extent to which adopted children experience stress related to adoption and their ability to cope with this stress, however, varies greatly among families and between individuals. Of note, while most adopted children are well adjusted, research has found that, as a group, adopted children are more likely to exhibit adjustment difficulties than their nonadopted peers (Bimmel, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2003; Juffer & van IJzendoorn, 2005; Keyes,

Sharman, Elkins, Iacono, & McGue, 2008; Lee, 2003; O'Brien, Zamostny, 2003; Rueter & Koerner, 2008; Rueter, Keyes, Iacono, & McGue, 2009), though findings differ according to adoption type, age at adoption, and pre-adoption experience. In addition, research has repeatedly found that adopted adolescents are overrepresented in mental health settings; explanations for this overrepresentation include greater adjustment difficulties as well as higher rates of referral/lower thresholds for referral among adopted adolescents. (Brodzinsky, 2011; Haugaard, 1998; Ingersoll, 1997; Miller et al., 2000; Warren, 1992)

The current study focuses not on adjustment specific to adoption but on the experience of adopted adolescents. Adoption is thus an important "given," a backdrop for psychological development that cannot be disregarded. In this study, adoption is considered a factual circumstance with significant emotional importance which may complicate developmental progression though adolescence (Crook, 2002; Riley & Meeks, 2006). Generally prompted by the disproportionate rates of adopted adolescents in mental health settings, various theories and many clinical observations propose that adolescence is a particularly challenging time for adoptive families (Pavao, 2005; Rosenberg, 1992). More specifically, the transitions associated with adolescence and/or the developmental tasks of adolescence have been theorized to be more challenging in adoptive families/for adopted adolescents. One reason for this may be that adolescent issues and adoption issues are highly resonant and thus converge, often becoming more intensified in the parent-child relationship (Rosenberg, 1992). Thus, in addition to the many challenges tasked to adolescents as they navigate their path toward young adulthood, adopted adolescents incur the additional challenge of integrating their status as

an adopted individual into their understanding of who they are. For adopted adolescents, the challenges related to incorporating their adoptive identity into their self-concept and the circumstances and emotions surrounding their adoption and/or their adoptive family serve as complications to development and adjustment.

Various theories attempting to explain why adopted adolescents might experience increased emotional difficulties typically stem from clinical work with struggling adopted adolescents and concern the ways normative adolescent autonomy development is complicated by the adoption experience. Some theorize that separation and independence hold particular significance in adopted families, explaining that, for adopted adolescents, separation may imply a "second abandonment" (Rosenberg, 1992, p. 109). For example, adopted adolescents may feel conflicted, at a conscious or unconscious level, about autonomy development. For some adopted adolescents, the prospect of gaining increasing independence from their parents may trigger unresolved feelings about loss stemming from their separation from their biological family; even more extreme, the increasing autonomy typically granted to and expected of adolescents may spark a fear for adopted adolescents of again losing their parents once the parental role is "complete" (Riley & Meeks, 2006). The appraisal of autonomy development as threatening is possible, not only for adopted adolescents, but also for their adoptive parents. Adoptive parents may be sensitive to emotional distance, experiencing it as abandonment and/or rejection which could trigger early insecurities and/or fears rooted in the family's lack of biological connection (Rosenberg, 1992).

While adoption could potentially complicate many aspects of a child's development, particularly the challenges associated with adolescence, this study focuses

on the process of individuation during adolescence. Theories based on the ideas presented above suggest that developmental tasks such as adolescent individuation may be more challenging for adoptive families. According to Mahler, one of the early proponents of individuation, early life experiences, including the toddler individuation process, get reworked during adolescence; for adopted individuals, early life experiences may entail difficulties such as separation and loss, which may lead to challenging and complicated reworking experiences during adolescence (Pavao, 2005). In sum, adoption is, in some ways, fundamentally linked to separation and connection, which is highly resonant of the challenges inherent to individuation.

The psychological and/or physical presence of the biological family, which creates a "dual connection to two families," has also been theorized to add further complexity to the adopted adolescent's individuation process (Brodzinsky, 1998, p. 32). This is also called "divided loyalty," which refers to adopted adolescents' conflicted feelings as they struggle to feel "uncomplicatedly loyal" to their adoptive family while coming to understand who their birth family is and what their existence means to them (Pavao, 1998, p. 60). In addition, the normative de-idealization of parents, which helps increase adolescent's independence and is part of the process of moving toward more bilateral parent-child relationships, may be complicated for adopted adolescents. For some adolescents, their focus may turn to idealizing birth parents or simply to their birth parents instead of more inward, which typically helps adolescents define themselves and identify their own values and interests. Alternatively, de-idealization could focus on a rejection of their birth family based on their relationship with them, knowledge of them, or simply the fact that they "gave them up." Thus, these two connections to early

childhood may make it difficult for adopted adolescents to become appropriately independent from either (Riley & Meeks, 2006).

Further complicating this picture is the fact that adolescence is the time when many adoptees begin to give more thought to searching for information about their adoption and birth family. While thinking about "searching" is generally considered normative and not reflective of problematic development in adoptees (Wrobel, Grotevant, & McRoy, 2004), it can be particularly difficult for adoptive parents. Between the increased interest in birth parents, fault-finding/de-idealization of adoptive parents, and emotional/physical distance inherent to adolescence, adoptive parents may feel rejected or worry that they are losing their child as opposed to viewing these behaviors as typical, though challenging, aspects of adolescent development (Brodzinsky, 1992). In sum, adoptive parents and their adopted children may struggle with the convergence of both adoption and adolescent issues independently and interactively; if this challenging period is successfully navigated, this struggle will enable them to "lay the groundwork for establishing a new, mutually agreed-upon contract" of acceptance by both parents and children of the family's adoptive status (Rosenberg, 1992, p. 81). It is important to emphasize, again, that the theories discussed above are primarily based on struggling adopted adolescents in mental health care settings and not on the many who successfully navigate adolescence with minor, normative difficulties. In conclusion, this study aims to contribute to the individuation literature by using an adoptive family sample both with regard to broadening the study of individuation to a different type of family structure and also with regard to the resonance of the challenges intrinsic to individuation and the adoption experience.

Literature Review

Individuation

The following section begins with a review of the literature on adolescent individuation and concludes with a review of the literature on informant discrepancies in assessing youth symptomatology. To the author's knowledge, no work has studied individuation in adoptive families, thus this review focuses on research which generally examines adolescent individuation. While the theoretical importance of individuation during adolescence is fairly clear and generally endorsed by modern theorists and researchers of adolescence and family development, on the more concrete level, what individuation means practically and how it is studied empirically, is more untidy. Individuation is compelling but also quite abstract and challenging to objectify, all of which is evident in the empirical literature (Levine & Saintonge, 1993). The definition and characterization of individuation varies across studies, considered by some to be an individual characteristic and labeled by others as a relationship property (Huston & Robins, 1982). Thus research on individuation is fraught with poor operationalization and variance in methodology and conceptualization. While individuation is frequently referenced in theoretical discussions of adolescence and even in research related to this time period, many studies fail to include measures which have been developed to specifically assess the complex process of individuation. Thus research on adolescent individuation lags behind theory, and more research is needed to better understand this important construct. That being said, research examining individuation during adolescence will be reviewed, focusing on studies which include specific measures of

adolescent individuation, beginning with self-report measures and then moving to observational measures.

Various self-report and projective measures have been employed as measures of individuation, however some assess individuation more adequately than others. The Separation-Individuation Test of Adolescence (SITA) was developed in 1986 by Levine and colleagues who claimed it was the first effort to develop an "objective measure of the dimensions of separation-individuation in adolescence" (Levine, Green, & Millon, 1986, p. 124). Previous attempts to create related measures used the Rorschach to assess object relations (Moelis, Wright, & Fisher, 1977; Urist, 1977) and were not widely disseminated nor thoroughly developed (Levine, Green, & Millon, 1986). Other measures which have been used to study adolescent separation-individuation are the Separation Anxiety Test (SAT) and the Psychological Separation Inventory (PSI). Scales or subscales from the SAT, a semi-structured, projective measure, are typically used to explore the connection between separation experiences in adolescence and later emotional difficulties (Hansburg, 1972, 1980; Rice, Cole, Lapsley, 1990). Some research using the SAT found that psychological individuation is related to adaptive psychological outcomes among college students (Kroger, 1985; Kroger & Haslett, 1988; Levitz-Jone & Orlofsky, 1985); however, the SAT has not been widely used, lacks rigorous reliability and validity testing, and examines constructs associated with individuation (i.e. separation experiences) as opposed to individuation itself.

The Psychological Separation Inventory (PSI) is a self-report measure based on psychoanalytic theory which assesses four domains of the separation-individuation process: functional, emotional, conflictual, and attitudinal independence from parents

(Hoffman, 1983; Rice et al., 1990). Some research suggests that certain domains, such as conflictual independence and emotional independence from parents, are associated with positive adjustment and emotional health in college students; however, other domains are not consistently related to adjustment indexes (Hoffman, 1984; Hoffman & Weiss, 1987, Lapsley, Rice, & Shadid, 1989; Lopez, Campell, Watkins, 1988, 1986; Rice et al., 1990), raising concern about this measure's utility. The item content and scale definitions of the PSI, SAT, and the SITA vary considerably and reflect poor convergent validity. In addition, the PSI and SAT do not adequately measure parent-adolescent closeness, a key aspect of individuation.

The SITA is frequently used in studies examining adolescent individuation and is based on the work of Mahler and colleagues regarding the young child's psychological separation and individuation from the mother. The SITA was developed to systemically examine the concept that phase-specific developments during a young child's separation-individuation provide the foundation for adolescent development and adult personality structure. Levine and colleagues (1986) considered the SITA a psychodiagnostic instrument which attempts to distinguish the key dynamics of Mahler's separation-individuation phase as they manifest in adolescence. As such, it is less focused on adolescent individuation per se and more focused on adolescent corollaries of the separation-individuation process in childhood. In developing the SITA, particular emphasis was placed on pathological conflicts and accomplishments (milestones) indicating healthy development because the scale was intended to distinguish both typical and pathological development.

Grounded in theory such as that of Blos (1967) and Erikson (1963) and developed through administration of the SITA and a personality assessment to high school and college students, Levine and colleagues (1986) identified seven subscales which they labeled as "basic dimensions" of adolescent separation-individuation: separation anxiety, engulfment anxiety, dependency denial, nurturance seeking, enmeshment seeking, self-centeredness, and healthy separation. The underlying premise is that the task of separation-individuation is resolved in various ways such as separation anxiety, dependency denial, or healthy separation (i.e. resolution).

A considerable body of research using the SITA has generally found that the ability to maintain and regulate a healthy balance of closeness and distance in relationships is an important aspect of emotional health in college students (Årseth, Kroger, Martinussen, & Bakken, 2009; Dakhakhni, 1997; Delhaye, Kempenaers, Linkowski, Stroobants, & Goossens, 2012; Holmbeck & Wandrei, 1993; Hoffman & Weiss, 1987, Lapsley et al., 1989, Levine et al., 1986, Lopez et al., 1988, Mattanah, Hancock, & Brand, 2004; Quintana & Kerr, 1993; Rice et al., 1990; Rhodes & Kroger, 1992). Research using the SITA, however, has been criticized for only including particular SITA subscales and singular personality or adjustment outcomes, focusing on nonclinical samples, and relying on self-report methodologies (Holmbeck & Leake, 1999).

Furthermore, some argue that the SITA has not been subjected to sufficient psychometric scrutiny (McClanahan & Holmbeck, 1992). While generally correlations among SITA subscales and between SITA subscales and measures of family functioning and adjustment align with theoretically-based expectations, there are numerous concerns

about this measure's content and construct validity (McClanahan & Holmbeck, 1992). Based on findings from correlational, cluster, and item-level analyses, McClanahan and Holmbeck, suggest that the SITA contains less than seven subscales, that the relationship between the SITA and other assessments of family functioning depends on whether SITA items involve family concerns, and that the labels of the SITA subscales often inadequately reflect item content. Additionally, the SITA lacks a scale that only taps a healthy need for closeness and instead contains a scale which taps a healthy need for closeness *and* distance. Even after changes were made to the scale to address some of these concerns, the SITA is still in need of additional item and subscale refinement (Levine & Saintonge, 1993).

While the SITA continues to be frequently used and has provided some interesting findings regarding emotional well-being in college populations, it has substantial limitations, particularly with regard to issues of content and construct validity. Further, the SITA has been primarily used in samples of college students and does not specifically examine individuation during adolescence, which is a downside in general, but particularly with respect to its relevance to the current study which focuses on individuation during adolescence. In addition, the self-report nature of the SITA is an important limiting factor given the biases inherent to using self-report assessments of social interactions (Nisbett & Wilson, 1977). Self-report measures are subject to numerous types of response biases, which detract from their validity (Edwards, 1970). In addition, researchers have noted the importance of gathering data regarding observed qualities of relationships, particularly in studying parent-adolescent relationships (Allen, Hauser, Bell, & O'Connor, 1994; Collins, 1990). Thus the SITA does not adequately

encompass the complexity of adolescent individuation and even Levine and Saintonge (1993) acknowledged that the conceptual definition of individuation is "an ongoing and continuing area of investigation" (p. 506).

Using a relational frame to study adolescent development, Grotevant and Cooper (1986) pioneered the use of observational methods to assess individuation. Their seminal work is based on the idea that individuation should be examined at the level of the dyad as they had found that the qualities of relationships and indicators of individuation differed across dyads in families (Grotevant & Cooper, 1986). They found that some individuals exhibited individuated relationships, which entail balance between individuality and connectedness, with one family member and not another, and thus deemed individuation a relational characteristic as opposed to an individual characteristic. The original work which led to Grotevant and Cooper's influential findings are described here in more detail as it provided the foundation for modern individuation research and provides the basis for the current study.

Integrating the original theories of individuation, as originally conceptualized by Mahler and Blos, and attachment theory, initially formulated by Bowlby, Grotevant and Cooper (1986) defined individuation as a quality of dyadic relationships created by both members of the dyad and demonstrated in the interplay between the individuality and connectedness of both members. They further describe an individuated relationship as "one in which moderate to high levels of individuality are expressed (especially through separateness) in the context of at least moderate levels of connectedness (through mutuality and permeability)" (Grotevant & Cooper, 1986. p. 91). This model of individuation posits that adolescents who observe an individuated relationship between

their parents and participate in individuated relationships with their parents and/or sibling(s) demonstrate higher psychosocial competence, specifically role-taking skills and identity-related exploration.

In Grotevant and Cooper's Family Process Project, a community sample of two-parent, middle class, Caucasian families participated in a Family Interaction Task, also called the Plan a Vacation Task, in which they together planned a hypothetical 2-week vacation with unlimited funds (1986). This task was chosen to optimize adolescents' expression of their perspective within the family to allow for examination of whether and how such individualistic expressions are supported in the family. The family's planning dialogue was transcribed and coded for utterances communicating behaviors reflecting dimensions of individuation. To assess individuation, a discourse-based code was then developed, which focused on patterns of interpersonal communication indicative of individuality and connectedness.

Using factor analysis, Grotevant and Cooper (1986) identified four distinct factors, organized into two dimensions, which operationalize, or reflect, individuation; self-assertion and separateness together constitute individuality, and mutuality and permeability together comprise connectedness. Grotevant and Cooper defined self-assertion as the awareness and clear communication of one's own point of view and separateness as the ability to distinguish and communicate differences between self and others. These abilities/qualities are considered important aspects of family experience because they relate to the adolescent's capacity to have an opinion which differs from another family member and to take ownership of it (Beavers, 1976; Grotevant & Cooper, 1986; Minuchin, 1974). Mutuality is defined as the demonstration of, sensitivity to, and

respect for others' beliefs/feelings, and permeability is defined as one's responsiveness/openness to others' ideas. Mutuality in the parent-adolescent relationship provides adolescents with support, recognition, and respect for their beliefs and allows then express empathy for others. Permeability relates to the boundary between self and other; healthy relationships entail adequate differentiation between individuals.

Grotevant and Cooper (1986) studied the association between individual behaviors and communications of family members with respect to individuation and psychosocial competence, specifically identity exploration and role-taking skills. They found that adolescents who were high in identity exploration demonstrated separateness and permeability, had mothers who were low in permeability, and fathers who expressed mutuality and separateness through disagreements. Additionally, adolescents who were high in role-taking skills exhibited low separateness and high permeability and had fathers who showed high mutuality (Grotevant & Cooper, 1986). Furthermore, adolescents who were highest in identity exploration and role-taking skill participated with at least one parent in an individuated relationship, characterized by both separateness and permeability. These adolescents also had families who seemed to "thrive on examining their differences, but within the context of connectedness;" adolescents who scored low on both aspects of psychosocial competence, however, came from families who avoided disagreement and expressed high permeability during the Family Interaction Task (Grotevant & Cooper, 1986).

Thus, Grotevant and Cooper (1986) presented a model of individuation, since built upon by numerous researchers and theorists, which entails relational qualities of individuality and connectedness and was originally demonstrated to account for

important indices of adolescent psychosocial competence. This perspective of adolescent development is guided by the understanding that independence and relatedness coexist and influence one another bidirectionally. Their work cemented the importance of a transformation in, as opposed to a severance of, the parent-adolescent relationship, in adolescent development. Grotevant and Cooper concluded that healthy identity development during adolescence occurs in individuated relationships in which "differences are freely expressed within a basic context of connectedness" (Grotevant & Cooper, 1986, p. 94). Further, the development of this observational measure reflected the increasing recognition that the process of attaining autonomy while maintaining a positive parent-adolescent relationship is a "critical, stage-salient task of adolescence" (Allen, Hauser, Bell, & O'Connor, 1994, p. 179).

Building on Grotevant and Cooper's work (1986), Allen and colleagues developed a similar family interaction coding system examining speeches fostering or hindering autonomy and relatedness in families. In convergence with Grotevant and Cooper, Allen and colleagues viewed "autonomous-relatedness," a term originally coined by Bowlby referring to achieving autonomy while maintaining relatedness to parents, as the ideal outcome for the adolescent-parent relationship (Allen, Hauser, Bell, & O'Connor ,1994). Entitled the Autonomy and Relatedness Coding System (Allen, 1995), families with adolescents engaged in a Revealed Differences Task (Strodtbeck, 1951) in which each family member was first individually asked his /her opinion about hypothetical moral statements. Family members were then reunited for 30 minutes to discuss certain ideas, identified by researchers, about which they disagreed. Types of speech were coded and summed into three scales for behaviors: exhibiting autonomous

relatedness (expressing and discussing reasons behind disagreement, confidence stating one's position, validating/agreeing with another position, attending to other people's statements), inhibiting autonomy (overpersonalizing a disagreement, recanting a position for the purpose of ending the discussion, pressuring another person to agree), and inhibiting relatedness (expressing hostility, interrupting/ignoring the other person) (Allen & Hauser, 1996). According to Allen and colleagues (1994), this coding systems differs from that of Grotevant and Cooper (1985) in that it does not characterize relationships but instead applies to a "paradigmatic developmental challenge for families with adolescents: handling an explicit disagreement." (p. 181). Thus Allen and colleagues also developed an observational measure to study individuation which is similar to Grotevant and Cooper's measure but differs in the use of a task focusing on disagreement as opposed to group planning.

Observational methods, as used by Grotevant and Cooper and Allen and colleagues, are valuable for family research because they allow researchers to make within and between family comparisons and thus enable the identification of family processes associated with a variety of individual and family outcomes (Taylor & Barnett, 2005). Observational methods "capture the essence of the systems perspective" because they facilitate the understanding of individual family members in the family context and also allow for comparisons between families as units (Taylor & Barnett, p. 379). Observational methods are critical for individuation research because they are adept at studying how the family system affects individual development, which is particularly relevant to the relational construct of individuation. Grotevant and Cooper's (1986) widely referenced work shifted the focus of individuation research both theoretically and

methodologically. Following their lead, the following section primarily reviews research which used observational methods to study individuation in adolescence; this line of research is both most appropriate for studying individuation as well as more relevant to the current study. This section also includes individuation research which examines attachment as these constructs are linked theoretically. Specifically attachment's "secure base" concept, which refers to infancy and childhood, recurs during adolescence when it is exhibited by a strong adolescent-parent relationship which allows/supports adolescent endeavors to achieve independence.

Allen and colleagues have published numerous studies which used the Autonomy and Relatedness Coding System to assess individuation. This research group studied a unique sample of Caucasian, mostly upper middle class, two parent families in which the adolescent was hospitalized for psychiatric, nonpsychotic reasons at age 14 and families with adolescents who had never been psychiatrically hospitalized (Allen, Hauser, Bell, & O'Connor, 1994). Their research, and other research using similar methodology, tends to produce nuanced and somewhat complicated results; thus a more detailed review of their findings is provided which is appropriate given the applicability of this work to the current study as well as the complexity inherent to studying adolescent individuation. The first study reviewed from this research group parallels Grotevant and Cooper's (1985, 1986) seminal work, though Allen and colleagues added a longitudinal piece and use the term autonomy and relatedness as opposed to individuation. Allen and colleagues (1994) evaluated links between autonomy and relatedness in parent-adolescent interactions and adolescent psychosocial development at ages 14 and 16. Specifically, ego development and self-esteem were studied because they are important indicators of

adolescent psychosocial development and because of their connection with adolescent functioning outcomes and social-cognitive and self-concept development. These two areas are believed to be influenced by autonomy and relatedness in parent-adolescent interactions.

Allen and colleagues (1994) found that, at age 14, adolescents' behaviors toward their parents and parents' behaviors toward their adolescents which exhibited autonomous-relatedness were consistently positively correlated with simultaneous ego development and self-esteem, regardless of history of psychiatric hospitalization (Allen et al., 1994). Allen and colleagues suggested that well-functioning adolescents reciprocate what they feel from their parents in terms of support of their autonomy development and that parents and adolescents, together, form "a goal-corrected partnership… directed toward establishing adolescent autonomy without sacrificing relatedness" (Allen et al., 1994, p. 190). Positive parent-child relationships are characterized by cooperative efforts by parents and the adolescent to establish a mutually negotiated process of adolescent exploration and autonomy development. The connection between autonomous-relatedness in parent-adolescent interactions and adaptive adolescent development demonstrates that adolescent autonomy development, manifested by the exploration of differences within the family, is best fostered by, in attachment terms, an (adolescent) secure base (Allen et al., 1994). According to Allen and colleagues, this connection to attachment theory suggests that autonomous-relatedness, or individuation, is a primary developmental task of adolescence. Additionally, no gender differences between male and female adolescents were found, which contrasts with some other research which has reported gender differences (Bell & Bell, 1983; Grotevant & Cooper, 1985; Leadbeater,

Kuperminc, Blatt, & Hertzog, 1999; Shahar, Blatt, Zuroff, Kupermine, & Leadbeater, 2004)

An interesting pattern of results, however, was identified with regard to parent gender. While both parents' displays of autonomy and relatedness toward adolescents were predictive of concurrent adolescent psychosocial development in two-parent families, paternal displays of autonomy and relatedness were only predictive of concurrent adolescent ego development and accounted for more variance in concurrent adolescent ego development than maternal displays. This pattern was even more striking in longitudinal analyses; while mothers' behaviors related to autonomy and relatedness did not account for adolescent psychosocial development over time, fathers' behaviors were predictive of changes in adolescent ego development and self-esteem over time. Specifically, in the context of behaviors exhibiting autonomous-relatedness, fathers' behaviors inhibiting autonomy were positively predictive of adolescent ego development, and fathers' behaviors inhibiting relatedness were positively predictive of adolescent self-esteem. Allen and colleagues explain that "while positive displays of autonomous-relatedness were associated cross-sectionally with ego development and self-esteem, the challenge created by problematic interactions" with fathers (defined as behaviors toward adolescents which inhibited autonomy or relatedness) predicted adolescents' self-esteem and ego development over time when they occurred in the context of broader paternal exhibition of autonomous-relatedness (Allen et al., 1994, p. 190).

To summarize, negative or challenging behaviors in father-adolescent interactions predicted higher levels of future adaptive development when they occurred in a relational dynamic characterized by autonomous-relatedness (Allen et al., 1994). This provides

preliminary support for the value of conflict in the father -adolescent relationship, particularly with respect to adolescent individuation, highlighting the importance of including fathers in adolescent research. Fathers should not only be included in family research but should be examined separately from mothers since each parent may have differential effects on child development. The current study aims to provide a valuable contribution to the field both through the inclusion of fathers as well as the separate examination of individuation in the mother-adolescent and father-adolescent relationships in the family context.

Further, Allen and colleagues' intriguing findings with respect to conflict correspond with research suggesting that some types of social development are linked to difficult, perhaps uncomfortable, interactions within the context of a supportive environment (Walker & Taylor 1991*a*, 1991*b*). This converges with research which has revealed the adaptive benefits of parent-adolescent conflict (Powers, Welsh, & Wright, 1994; Steinberg, 1990; Welsh, Galliher, & Powers, 1998). For example, Cooper (1988) found that parent-adolescent conflict occurring within the context of a close parent-adolescent relationship contributes to adolescent psychosocial development. Psychosocial development and interpersonal skills have also been found to be more developed in adolescents whose families express their own perspectives and tolerate disagreement. Correspondingly, adolescent ego development has been found to be enhanced in families in which discussions include frequent discourse reflecting problem solving, empathy, and acceptance (Hauser, Powers, Noam, Jacobson, Weiss, & Follansbee, 1984). Conflict, as opposed to detachment, may be an important facet of the adolescent individuation process and is in need of additional research. While the present

study does not directly assess conflict, this concept is important to keep in mind and the operationalization of individuation, including the dimensions of individuality and connectedness, allow for the examination of related processes and constructs.

While the work described above is grounded in attachment theory, other research examines the links between attachment and individuation more directly. The large body of literature focusing on adolescent attachment is beyond the scope of this paper; however, the research which couples the study of attachment and adolescent individuation, studied using observational methods, is reviewed because of its focus on individuation as a stage-specific reflection of underlying attachment processes. More specifically, some of this research examines attachment as a precursor to the individuation process during adolescence, given the theoretical links between these two constructs in infancy/childhood, while other research frames healthy adolescent individuation as the manifestation of secure attachment. Becker-Stoll and colleagues evaluated the relationship between attachment at ages 1, 6, and 16 and autonomous-relatedness in interactions between adolescents (age 16) and their mothers (Becker-Stoll, Fremmer-Bombik, Wartner, Zimmermann, & Grossman, 2008). Autonomy and relatedness was measured using the Autonomy and Relatedness Coding System to code mother-adolescent behavior in two interaction tasks, the Revealed Differences Task and the Plan a Vacation Task.

Findings demonstrate that adolescent autonomy and relatedness is associated with attachment during infancy, childhood, and adolescence (Becker-Stoll et al., 2008). Specifically, adolescents who were classified as securely attached at ages one and six had lower scores on behaviors inhibiting both autonomy and relatedness in the Plan a

Vacation Task. Interestingly, this was not found in in the Revealed Differences Task, perhaps because of the different demands and distinctive structures of each task. The Plan a Vacation Task focuses on family's shared interests, eliciting perspective-taking and general relatedness-promoting behaviors, which are needed to successfully complete the task. For instance, adolescents who were characterized as insecurely attached as infants and children often pressured their mother to acquiesce, sometimes in hostile ways (Becker-Stoll et al., 2008). This undermining of the relationship may not have been evident in the Revealed Differences Task which is more focused on conflict.

The Revealed Differences Task may elicit more limited behavior compared with the Plan a Vacation Task, which seems to provide more opportunities to exhibit relatedness. The differences between these tasks are important to note because they are commonly used in individuation research and may produce different results depending on the other variables included. The current study utilizes the Plan a Vacation Task, which includes many decision points and thus provides many opportunities for adolescents, and their parents, to provide input and express their opinions in the family setting.

In adolescence, however, secure attachment representation was related to higher concurrent behaviors promoting autonomy and relatedness according to both tasks. These results suggest that balancing the drives to achieve autonomy and preserve relatedness in the adolescent-mother relationship may be the manifestation of a stage specific attachment security in adolescence (Becker-Stoll et al., 1994). Paralleling the secure base concept discussed above (Allen et al., 1994), Becker-Stoll and colleagues (1994) reinforced the categorization of individuation as a developmental task of adolescence given the importance of attachment in individual development. Of note,

these findings are limited by the exclusion of fathers in this study, which is unfortunate as it would have been be interesting to examine whether these findings similarly differ according to task used in father-adolescent samples. While including fathers in family research is essential in general, it is particularly important in individuation research because research suggests that there may be important distinctions between mothers and fathers with regard to adolescent individuation.

According to the view of adolescent individuation as "adolescent-era analogues" of attachment during infancy, Allen and Hauser (1996) examined whether autonomous-relatedness in the parent-adolescent relationship is associated with young adult attachment. Using the same sample of families of psychiatrically hospitalized and nonhospitalized adolescents discussed earlier, they studied the relationship between autonomy and relatedness in adolescent-parent interactions at age 14, assessed by the Autonomy and Relatedness Coding System, and later attachment at age 25, assessed by the Adult Attachment Interview (AAI). Findings notably revealed that maternal promotion of autonomy and relatedness in family interactions at age 14 was related to young adults' attachment coherence, indicative of secure attachment. Specifically, mothers who exhibited heightened autonomous relatedness in interactions with their 14-year old adolescents had young adults who demonstrated increased attachment security at age 25.

These findings provide further evidence that the (physical) secure-base attachment relationship in infancy transforms into a cognitive and emotional secure base in adolescence and continues into young adulthood (Allen & Hauser, 1996). Allen and Hauser considered maternal support for adolescent strivings for autonomy and

relatedness as a "stage-specific marker of the functioning of the attachment system in adolescence," which demonstrates one way attachment can be maintained across the life span (Allen & Hauser, 1996, p. 805). Paternal support for autonomous relatedness in adolescence was linked less strongly to young adult attachment security, identified mostly at the extremes of attachment security/insecurity. The lack of prediction from the father-adolescent relationship aligns with other research which has only identified continuity in the mother-adolescent attachment relationship (Carlson, 1990; Kobak, Cole, Ferenz-Gillies, Fleming, Gamble, 1993). Little is known about what might underlie this parental difference, and this understanding is limited by the lack of research which includes both parents. Further investigation on this topic is thus warranted.

This study also found that young adults' passivity of thought process, indicative of insecure/preoccupied attachment, was associated with autonomy-inhibiting behaviors in adolescence (Allen & Hauser, 1996). Specifically, adolescents' overpersonalizing behaviors, enmeshing behaviors, and the absence of distancing, avoidant behaviors were predictive of insecure attachment in young adulthood. These findings are significant because such insecure attachment is associated with emotional difficulties and internalizing disorders (Kobak & Sceery, 1988; Kobak, Sudler, & Gamble, 1991). One piece of this link between insecure attachment and internalizing problems may be the ongoing patterns of thoughts and behaviors which psychologically ensnare adolescents and parents, as demonstrated by autonomous-inhibiting behavior (Allen & Hauser, 1996). The patterns of predictions from adolescent autonomy and relatedness in interactions with parents and attachment in young adulthood did not differ significantly according to

history of psychiatric hospitalization, suggesting fairly robust links between autonomy and relatedness and young adults' attachment states of mind (Allen & Hauser, 1996).

The research described above suggests that individuation is a stage-specific reflection of underlying attachment processes. This study seeks to go beyond examining the connection between attachment and individuation and intends to study whether individuation, like attachment, is an important developmental task in its own right and is thus linked to adjustment outcomes. Developmental tasks were originally theorized as arising at specific periods of life and, if successfully achieved, leading to "happiness and to success with later tasks;" failed achievement of such tasks, however, was theorized to lead to unhappiness, "disapproval by the society and difficulty with later tasks" (Havighurst, 1952, p. 2). While contemporary developmental theory and research has moved away from broad-sweeping theories predicting general happiness or societal acceptance, a pivotal component of development task theory is the association between these tasks and important indicators of emotional well-being and adjustment. Integrating the concept of developmental psychopathology, which suggests that dysfunctional affect and behavior is associated with failure to accomplish main developmental tasks at important time points (Allen et al., 1994; Sroufe, 1992), Allen and colleagues examined whether individuation is linked with mental health/adjustment outcomes (Allen, Hauser, Eickholt, Bell, O'Connor, 1994), which is also the main objective of the current study.

Specifically, Allen and colleagues studied the connections between autonomy and relatedness in parent-adolescent interactions, assessed at 14 and 16, and adolescents' negative affect/behavior, assessed at 16 and 17 (Allen, Hauser, Eickholt, Bell, O'Connor, 1994). Internalizing and externalizing symptom were assessed by self-report (Youth

Self-Report; Achenbach & Edelbrock, 1987), and depressive affect was assessed during the study by an independent observer. The long-held distinction between internalizing and externalizing symptoms/behaviors divides behavioral/emotional problems into two global groupings of syndromes/problems; the externalizing grouping characterizes conflicts with other people and with social norms while the internalizing grouping characterizes problems within the self, including depressive affect (Achenbach & Rescorla, 2003). Results demonstrate an association between difficulties establishing autonomy and relatedness in parent-adolescent interactions and adolescent negative affect, manifested as depressed affect or externalizing behaviors. Interestingly, negative affect varied according to the type of difficulties faced in establishing autonomous-relatedness (Allen, Hauser, Eickholt et al., 1994).

For instance, while adolescents' self-reported externalizing behaviors were generally associated with difficulties with autonomy and relatedness, this type of behavior was more specifically linked with difficulties with relatedness; externalizing behaviors were predicted by a lack of autonomous-relatedness in father's interactions with their sons and by inhibitions of relatedness in adolescents' interactions with their mothers at age 16. Adolescents' observer-reported depressed affect at age 16, however, was consistently associated with deficient autonomous-relatedness in relationships with parents. These findings did not differ according to psychiatric history, gender, or family structure (this sample included participants from single-parent and two-parent families).

Specifically, the lack of relatedness-inhibiting behavior between adolescents and their parents and adolescents' autonomy-inhibiting behaviors toward their mothers were both linked to depressive affect, as assessed by observers. Interestingly, there were no

significant findings using adolescent self-report of internalizing behavior, which raises important questions, firstly about the assessment of symptomology, which is discussed in detail in the next section. Before delving into this discussion, however, is it important to note the insignificant findings related to adolescent self-report because self-report is typically valued in the assessment of adolescent symptomatology, and this raises concern about Allen and colleagues' conclusions (1994). This study examines the use of multiple informants in the assessment of youth internalizing and externalizing symptoms and aims to provide insight into incorporating multiple informants in individuation research.

With respect to depressed affect, these results parallel other research which has found that internalizing symptoms are associated with parents' insufficient autonomy granting and/or adolescent difficulties mastering autonomy (Fauber, Forehand, Thomas, & Wierson, 1990; Gjerde & Block, 1991; Powers, Battle, Dorta, & Welsh, 2010). Other research, however, has also linked adolescent depression to a lack of family cohesion and insufficient closeness with parents, though this research has primarily used self-report measures (Feldman, Rubensetin, & Rubin, 1988; Kandel & Davies, 1982). Depressed affect in adolescence may be associated with a certain type of difficulty establishing autonomy and relatedness, which Allen and colleagues labeled "avoidance of autonomy" (Allen, Hauser, Eickholt et al., 1994, p. 548). In this research, the absence of appropriate autonomy, particularly in adolescent-mother interactions, was connected to depressed affect; this corresponds with the theory that relationships that prohibit direct expressions of independence are one source of depression because such relationships are difficult to move beyond (Bowlby, 1980; Allen, Hauser, Eickholt et al., 1994). The particular significance of the mother-adolescent relationship with respect to this connection is

intriguing and in need of future research, again highlighting the value of the current study which separately examines mother-adolescent and father-adolescent individuation.

Allen and colleagues' (1994) finding that adolescent externalizing behaviors are more closely related to difficulties maintaining parent-adolescent relatedness aligns with research which has reported associations between adolescent externalizing behaviors/symptoms and parental rejection, lack of parental involvement, and harsh behavior by parents and children (Dadds, Sanders, Morrison, & Rebgetz, 1992; Patterson, Debaryshe, & Ramsey, 1989). Some research suggests that a lack of closeness in the parent-adolescent relationship causes adolescents to be less concerned about pleasing their parents, thus removing the family's behavior-regulating influence; however, most research examining this association has not included observational measures (Allen, Aber, & Leadbeater, 1990; Allen, Hauser, Eickholt et al., 1994). Consistent with these findings, Allen and colleagues found that externalizing behaviors were more closely associated with difficulties maintaining relatedness. Lastly, it is important to note that this research cannot deduce the direction of the relationship between negative affect in adolescence and autonomy and relatedness in family relationships, though these findings do demonstrate a clear relationship between them. The association found between negative affect and difficulties establishing autonomous-relatedness in parent-adolescent relationships lends further support to categorizing individuation as a developmental task of adolescence, inspiring exciting questions, addressed by the current study, concerning the links between adolescent individuation and concurrent and future mental health outcomes.

The theory that deficient attachment and difficulty maintaining relatedness to parents lead to decreased parental control over adolescent behavior, which is associated with externalizing symptoms and problematic behavior (Allen, Hauser, Eickholt et al., 1994), provokes intriguing questions given the frequency of experimentation and risky behavior in adolescence. Engagement in a variety of risk behaviors, including delinquency, substance use, and sexual risk behavior is commonly associated with adolescence and peak during adolescence, however, not all adolescents engage in such behaviors (Bailey, 2009). Individuation has been proposed as one means of understanding adolescents' elevated engagement in risky behaviors as well as the lack of universality of such behaviors during this time (Allen, Aber, & Leadbeater, 1991). The adolescent drive for autonomy is generally viewed as an important factor in the increased incidence of risky behaviors during adolescence, however, adolescent strivings for independence do not inevitably incite engagement in such behavior (Allen, Aber, et al., 1991).

The behavioral and emotional outcomes of autonomy development differ based on the family's meaning attached to and consequences associated with the movement toward independence (Allen, Aber, et al., 1991). According to this theory, autonomy endangers some adolescents' relationship with their parents while, for other adolescents, autonomy development is supported and encouraged by their parents. Hence, adolescents who do not engage in risky behaviors are able to seek autonomy by expressing their individuality in ways that suit their needs without conflicting with societal laws, jeopardizing their own safety, or threatening their parental relationship; such expression might include establishing their own style of dress or pursuing a unique hobby or career

(Allen, et al., 1991). On the other hand, according to this theory, adolescents who are unable to seek autonomy while continuing to maintain their relationship with their parents may be more likely to engage in problem behaviors (Allen et al., 1991). Accordingly, adolescents who do not believe that personal independence can coexist with positive family relationships may resort to engagement in risky behavior to exhibit their autonomy; when typical developmental strivings for autonomy coincide with parent-adolescent relations that seem to be or are actually unable to withstand these changes, a considerable risk of serious problem behaviors follows (Allen et al., 1991).

Following this conceptualization, Turner and colleagues (1993) studied the relationship between family relationships and the initiation of health risk behaviors in middle school-aged adolescents. Given that some experimentation and risk taking during adolescence is common and perhaps even adaptive, early initiation of risk behaviors was examined because of its connection with negative outcomes (Turner et al., 1993). Perceptions of family relationships were measured using the Mother-Father-Peer Scale and the Family Adaptability and Cohesion Scale, both self-report forms. The Mother-Father-Peer Scale asks adolescents to report separately on each parent, and the subscales assessed perceived parental acceptance (Acceptance-Rejection) and autonomy support (Autonomy-Overprotection) (Epstein, 1983). The Family Adaptability and Cohesion Evaluation Scale was also completed by adolescents; only the cohesion subscale was used, which assesses family members' emotional bonding toward one another (Olson, Portner, & Lavee, 1985). The constructs of parental acceptance, autonomy support, and family cohesion are somewhat comparable to individuation. This study did not include a specific assessment of individuation and relied on self-report measures; it is being

included, however, because it provides valuable insight into the potential scope of individuation with respect to adolescent development and adjustment.

Results found that early adolescents' perceptions of their family relationships were related to self-reported initiation of sexual intercourse, substance use, and physical fighting. Specifically, adolescents' perceptions of parental support of their autonomy, which included encouraging the expression of opinions and avoiding overprotection, were inversely associated with self-reported sexual behavior; adolescents who perceived their parents to be more encouraging of their independence and skill development were less likely to engage in early sexual intercourse. On the other hand, low levels of relatedness, which involved adolescents' perceptions of family cohesion and parental acceptance, was associated with emotional detachment which, in turn, was related to physical fighting and alcohol, cigarette, and marijuana use. Adolescents who perceived their families to be less cohesive and their parents to be less accepting were more emotionally withdrawn from their parents and more likely to engage in physical aggression and illicit substance use. Of note, this study focused solely on adolescent's perceptions of their family/family relationships, a topic which is addressed in more detail in the next section. Lastly, it is important to note that causal influences cannot be inferred, and further research is needed to clarify the direction of the relationship between adolescent engagement in risky behaviors and the perception of parents as less supportive and accepting.

It is difficult to sum up the body of literature examining adolescent individuation, though it is clear that there is much work to be done in this important area. Conclusions regarding adolescent individuation have largely been hindered by the complexity of this

construct as well as the variance in operationalization and measurement across studies. While there is a substantial body of literature using self-report measures to study individuation, it is debatable whether such methods can appropriately examine individuation, currently considered a relational construct. Observational methods prove promising, however, research using these time-intensive measurements is sparse. Lastly, while individuation is frequently cited as a critical aspect of adolescent development and often referenced as an important developmental task of this time period, there is very limited research which has appropriately examined the connections between individuation and outcomes related to competence, adaptive functioning, or adjustment, particularly longitudinally.

The current study seeks to fill this gap, specifically examining the connections between adolescent individuation, assessed by an observational measure, and adjustment both concurrently and longitudinally. This study examines internalizing and externalizing symptoms as indices of adjustment because these two groupings of symptoms comprise a broad range of symptoms in terms of emotional expression and emotional difficulty. Clinically, most individuals typically express emotions and exhibit emotional difficulty in the form of internalizing and/or externalizing symptoms even if these symptoms do not reach the level of clinical cutoffs, indicating more serious emotional problems. The limited research which has examined the connection between adolescent individuation and adjustment, particularly internalizing and externalizing symptoms, suggests that connectedness is more strongly related to externalizing symptoms and individuality is more strongly related to internalizing symptoms.

More specifically, inadequate parent-adolescent closeness and difficulties establishing and/or maintaining parent-adolescent relatedness is theorized to be associated with adolescent externalizing symptoms and risk behavior; insufficient adolescent individuality or lack of parental support for adolescent autonomy, however, is theorized to be associated with adolescent internalizing symptoms. This connection is preliminary, however, and more research is needed to examine the links between individuation and adjustment and specifically to clarify the particular processes through which adolescent individuation affects particular types of adjustment outcomes. Before delving into the current study, however, it is necessary to first address issues surrounding assessing adjustment, particularly in youth. Like individuation, assessing adjustment in youth is not without complication and complexity.

Multiple Informants in the Assessment of Youth Adjustment

The association between indicators of adjustment, such as symptoms of anxiety or depression, risky behaviors, difficulties with attention, or aggressive behaviors, and adolescent individuation indicates that individuation has important implications for adolescent well-being and adjustment and suggests the relevance of developmental task theory. However, research on adjustment during adolescence is accompanied by a host of methodological questions, particularly when such research is framed in the family context as is the current study; one of the most important considerations when examining youth adjustment and/or symptomatology is how it should be measured and, more specifically, whose report of adjustment or symptoms should be used. Given the relevance of this question to both clinical work and empirical research, there is a

substantial body of literature examining the use of multiple informants to assess behavioral and emotional difficulties in youth.

In both research and clinical contexts, there is long-standing, strong agreement that psychopathology in youth should be assessed using multiple sources, generally including youth self-report as well as reports from parents and other relevant sources such as teachers or therapists (Cantwell, Lewinsohn, Rohde, & Seeley, 1997). Multiple informants are considered necessary for the assessment of youth psychopathology for multiple reasons. First, youth are often developmentally unable to provide thorough information regarding their emotional functioning and may deny or minimize certain feelings or behaviors. In addition, parents are frequently unaware of their children's internal feelings and thoughts and may be unfamiliar with their child's behavior in different settings. Lastly, adults and youth may have differing views of what is considered clinically significant, youth may experience and/or exhibit different symptoms in different settings, and each reporter has a different point of comparison (Cantwell, Lewinsohn, Rohde, Seeley, 1997). These factors both summarize the value of collecting information from various sources to assess youth psychopathology and reveal insight into the complexity inherent to such assessment. Integrating data from various reporters is indeed a complex endeavor and, correspondingly, a significant body of literature reveals the discrepancies in various informants' reports on youth psychosocial functioning and symptomatology. This body of research is summarized to provide context for the current study, which examines parental and self-report of adolescent and young adult symptomatology.

In their prominent meta-analysis of informant discrepancies in child/adolescent emotional and behavioral problems, Achenbach and colleagues reported significant discrepancies between informant ratings of social, emotional, and behavioral problems in youth (Achenbach, McConaughy, & Howell, 1987). Based on their analysis of 119 studies which included multiple informants (parents, teachers, mental health workers, observers, peers, and self), Achenbach and colleagues examined the degree of consistency between informants' reports of behavioral/ emotional problems in children aged 1.5-19 years. The mean of correlations between informants with similar roles with the youth were .60, considered by Cohen's criteria (1977) to be a large degree of association, whereas the mean of correlations between informants and self (child) were .22, considered by Cohen's criteria to be a small degree of association (Achenbach et al., 1987). These findings revealed considerably higher consistency between pairs of informants who hold similar roles with youth compared to informants with different roles.

Achenbach and colleagues (1987) also reported that the types of problems and age of children were associated with the degree of consistency between informants, whereas the clinical status, sex of the parent, and sex of the child were not related to degree of informant discrepancy. More specifically, the correlations between informants' ratings of children ages 6-11 years were significantly higher than of adolescents ages 12-19 years. In general, ratings were significantly more consistent for externalizing problems as opposed to internalizing problems except for parental pairs, suggesting that parental consistency may be less affected by the type of problem compared to other pairs of informants. These differences suggest that children and externalizing problems may be

easier to assess and/or may be more cross situationally-consistent compared to adolescents and internalizing problems.

Another more recent meta-analysis also reported greater correspondence for informants' ratings of externalizing, as opposed to internalizing, problems (Duhig, Renk, Epstein, Phares, 2000). More specifically, Duhig and colleagues (2000) reported moderate parental correspondence in ratings of children's internalizing problems and high correspondence in ratings of children's externalizing and total behavior problems. In contrast to the findings of Achenbach and colleagues, however, this meta-analysis found that correspondence in parental ratings was greater during adolescence, compared to childhood, for both internalizing and externalizing behavior problems. Even more recent research has not uncovered age differences in informant discrepancies, and De Los Reyes and Kazdin (2005) purport that inconsistencies in findings of informant discrepancies according to child age are due to methodological variation across studies (Choudhury, Pimentel, & Kendall, 2003; Engel, Rodriguez, & Geffken, 1994; Jensen, Xenakis, Davis, & Degroot, 1988; Kolko & Kazdin, 1993). In addition, De Los Reyes and Kazdin (2005) found that studies examining symptom level informant agreement (for both internalizing and externalizing problems) and agreement within particular types of disorders demonstrate higher agreement for observable symptoms, such as those classified as externalizing, as opposed to unobservable symptoms.

While findings examining moderators of informant discrepancies report mixed results, the variations in correlations between informants' ratings, particularly child and parent, are consistently considerable across studies; Achenbach and colleagues (1987) concluded that no single informant provides the same information as another informant

and that children's reports cannot be substituted by reports from other informants. Instead of viewing these low correlations as reflective of questionable and/or unreliable/invalid reporting by one or multiple informants, researchers increasingly point to the possibility that "different informants validly contribute different information" (Achenbach et al., 1987, p. 213). Achenbach and colleagues believed that the contributions of various informants should be preserved even if they are not strongly correlated as these inconsistencies may reflect important cross-situational differences.

Particularly applicable to the current study, Rosnati and colleagues examined informant discrepancies of behavioral and emotional problems in a sample of internationally adopted and nonadopted children ages 7-11 years (Rosnati, Montiross, & Barni, 2008). Results revealed that adopted children are perceived by their parents as having more total and externalizing problems than nonadopted children, though effect sizes were generally small. While most adopted children in this study exhibited positive adjustment, the differences identified between adoptive and nonadoptive families are consistent with adoption research which has found adopted children to be at higher risk for behavioral problems (Juffer & van IJzendoorn, 2005). Interestingly, both adoptive and nonadoptive parents' ratings exhibited moderate agreement, however, adoptive parental agreement was higher than biological parental agreement. Additionally, maternal ratings of attention problems, aggressive behavior, externalizing and total problem were higher than paternal ratings in both adoptive and nonadoptive families.

Rosnati and colleagues highlighted that adoptive couples exhibited more similar perceptions of their children's adjustment and higher agreement in classifying their children in clinical/nonclinical ranges compared to nonadoptive parents. Reasons for this

may include a strengthened martial bond and parenting relationship as a result of the extensive screening process required for adoption (Ceballo, Lansford, Abbey, & Steward, 2004; Rosnati et al., 2008). Additionally, adoptive fathers are typically more involved in child care than biological fathers, which may also account for the convergence in adoptive parents' perceptions of their child's adjustment because time spent with children is associated with increased marital support and better communication (Rosnati et al., 2008). Beyond its direct relevance to the current study, these adoption-specific findings raise interesting questions about the ways that informant discrepancies, particularly parental discrepancies, in assessment of youth adjustment may differ according to family type.

While most of the literature on informant discrepancies focuses on school-age children or has samples including children and adolescents, the particular developmental context of adolescence poses an interesting dilemma in terms of the widely-held practice of using multiple informants to assess youth symptomatology. Along with the many changes inherent to the period of adolescence come shifts in self-disclosure (Monck, 1991). Adolescents are less likely to share personal information with their parents compared to when they were children; adolescents generally become close with peers and increasingly disclose their problems/feelings to peers or keep them private (Seiffge-Krenke & Kollmar, 1998). Furthermore, adolescents tend to spend increasing amounts of time outside the home and parents are thus often not privy to adolescents' behaviors and feelings. These factors raise questions about the degree to which parents are appropriate sources of information for the assessment of adolescent symptoms. On the other hand, developmental theory also suggests that social-cognitive development in adolescence

corresponds with greater accuracy in self-perception, suggesting increased parent-adolescent agreement compared to childhood. Research has found that informant discrepancies differ by youth age, and a subset of research, described below, has focused specifically on informant discrepancies in adolescence.

Cantwell and colleagues (1997) studied the degree of agreement between parent and adolescent report of major psychiatric disorders in 14-18 year olds. Adolescents reported significantly more symptoms and disorders than their parents, which was particularly apparent in reports of major depressive disorder, most anxiety disorders, and substance use and abuse. This was not true for ADHD, CD (conduct disorder), ODD (oppositional defiant disorder), and dysthymia. More specifically, the average correlation for parent-adolescent agreement was .42 and ranged from .19 for alcohol abuse/dependence to .79 for CD. No differences were found according to adolescent age or gender, parent education, severity of disorder, or age of disorder onset.

These findings were generally similar to those reported by Sourander and colleagues (1999) who studied 15-16 year old Finnish adolescents' reports of internalizing and externalizing problems; adolescents reported more internalizing and externalizing symptoms than their parents, and parent-adolescent correlations for these internalizing and externalizing symptoms ranged from .46 to .51. Parent-adolescent agreement ranged from .17 for adolescent boys' thought problems to .68 to adolescent girls' competence. Sourander and colleagues did uncover gender differences, reporting that adolescent girls endorsed significantly more symptoms in various subscales including internalizing symptoms. Furthermore, parent-adolescent discrepancies were higher for girls than boys, particularly on internalizing scales (Sourander, Helstela, &

Helenius, 1999). Neither of these studies examined the effect of parent gender on findings. Cantwell and colleagues (1997) concluded that the inclusion of adolescent and parent report of adolescent symptomatology remains preferable but that either parent or adolescent report, while not ideal, may be sufficient depending on the particular symptom and/or disorder in question. Further, Sournander and colleagues advocated for the importance of attending to adolescent self-report.

Unlike Cantwell and colleagues, Hughes and Gullone (2010) specifically looked at internalizing symptoms and separately examined adolescent-mother, adolescent-father, and mother-father dyads. In their study examining various reports of 13-18 year olds' internalizing symptoms, considerable differences were found between parent and adolescent reports of adolescent internalizing symptoms. Consistent with previous research, moderate agreement was found between parent and adolescent report and somewhat higher agreement was found between father and mother report. In addition, discrepancies differed according to dyad. Parent-son agreement was stronger than parent-daughter agreement, mother-father agreement was stronger than parent-adolescent agreement, and father-son agreement was significantly stronger than mother-son agreement. Hughes and Gullone cautioned against combining informant reports, warning that such blending may obscure the data's richness, and suggest that certain research questions are best answered by separate examination of informant reports of adolescent symptomatology.

Lastly, Seiffge-Krenke and Kollmar (1998) examined parent-adolescent discrepancies in perceptions of adolescents' externalizing and internalizing symptoms over a four year period (starting ages of 12-14 years). Consistent with many research

findings, male and female adolescents self-reported considerably more internalizing and externalizing problems than their parents. In addition, longitudinal analyses revealed that parents and adolescents both reported significant decreases for both male and female adolescents in most symptom groups over time. Significant differences were found according to parent gender; mothers reported more symptoms in adolescents than fathers, and mother-adolescent reports were more similar than father-adolescent reports. Despite this, mother-father agreement (r = .65) was much higher than parent-adolescent agreement (r = .27), which corresponds with other research findings (Achenbach et al., 1987; Verhulst & Van der Ende, 1992).

In addition, parent-adolescent agreement was higher for daughters (mean r = .36) than for sons (mean r = .20). Father-son agreement was particularly low for all problems types and across time. Informant discrepancies were lowest for externalizing symptoms, consistent with other findings, which is likely explained by their increased visibility. The greatest discrepancies in parent-adolescent reports were found in assessing female adolescents' internalizing symptoms. Seiffge-Krenke and Kollmar (1998) concluded that despite adolescents' decreasing self-disclosure to parents as they grow older, adolescents continue to be more open with their mothers than their fathers, which aligns with research on the parent-mother bond (Monck, 1991; Noller & Bagi, 1985; Youniss & Smollar, 1985). Seiffge-Krenke and Kollmar (1998) suggest integrating the perspectives of parents and adolescents, though provide no guidelines as to how to do so.

Despite being an active subject of study for over 20 years, the question of how to resolve informant discrepancies in reports of youth symptomatology/adjustment is far from clear; discussion abounds regarding methodological approaches to analyzing

multiple perspectives. In sum, the literature on informant discrepancies in child and adolescent assessment is complex; it is difficult to deduce overarching conclusions related to systematic differences according to informants aside from the clear discrepancies between parent and child/adolescent (self) report. While measures and methodology do vary across studies, the complex, even convoluted, nature of findings also speaks to the difficulty of incorporating the viewpoints of, say, three different individuals on the same topic, not to mention such an obscure topic as human emotion.

Further, this literature begs the question of what research might uncover if informant discrepancies were examined in an adult sample; in fact, many of the arguments cited for the importance of including multiple informants in the diagnostic assessment of children/adolescents could be applied to adults (Cantwell et al., 1997). Indeed, the use of multiple informants for assessment beyond adolescence has been suggested and is already used in certain contexts, such as for assessment of substance use, and cognitive and emotional symptoms in elderly individuals, and individuals with Alzheimer's disease (Carrol, 1995; Gilley, Wilson, Fleischman, Harrrison, Goetz, & Tanner, 1995; Jorm, Christensen, Henderson, Korten, Mackinnon, & Scott, 1994).

As research has repeatedly declared the importance of family relationships throughout the life span and particularly focused on the life-long value of the parent-child relationship, which, of course, does not end when one outgrows childhood, the question of what age the use of multiple informants becomes unwarranted is not clear. The period of emerging adulthood is a particularly interesting time period in which to consider this question because, while the parent-child relationship is, in some ways, less prominent during this time, it continues to be very important and influential.

Given the lack of clear conclusions regarding the use of multiple informants in assessing adolescent symptomatology, this study examines multiple informants' ratings of adolescent and young adult internalizing and externalizing symptoms. While research suggests that there is some shared variance among reporters, multiple reporters also contribute unique and valuable perspectives. While this study does not concurrently examine individuation and cross-informant adjustment ratings, parent and self-reported ratings of internalizing and externalizing symptoms within and across time are examined to extend this literature to an adoptive family sample assessed during adolescence and young adulthood. Further, by examining multi-informant ratings of adjustment in emerging adulthood, this study valuably contributes to the multiple-informant literature given that this time period has received sparse related empirical attention thus far.

The Current Study

This study examines whether adolescent individuation in adoptive families is associated with concurrent and long term adjustment, defined by internalizing and externalizing symptoms, as assessed by self-report during adolescence and emerging adulthood. Individuation is the predictor and is measured as separate scores of individuality and connectedness which describe observed interactions between adoptive adolescents and each parent in a triadic, family context during the Family Interaction Task (Plan a Vacation Task). Separate analyses are conducted for individuation in the two adolescent-parent pairs, adolescent-mother and adolescent-father. The outcomes are adolescent and emerging adult adjustment, self-assessed at both time points.

Adolescent individuation is predicted to be associated with self-reported concurrent and future adjustment, defined for the purpose of this study as internalizing

and externalizing symptoms, based on theory and the emerging literature suggesting that individuation is an important developmental task of adolescence. However, this question has never been examined in an adoptive family sample and is similarly unexamined among complex families more broadly. Furthermore, an important part of this research is the descriptive aspect, which examines adolescent individuation and adjustment during adolescence and emerging adulthood in this adoptive family sample. Age, gender, and dyadic differences are examined to analyze how individuation and adjustment differ, for example, according to gender of adolescent, young adult, and/or parents. Longitudinal patterns of adolescent/young adult adjustment, as assessed by various reporters across time, are also examined. Informant discrepancies within and across time are examined as this is an important aspect of adolescent literature that is neglected in individuation research and has received negligible examination in emerging adulthood.

With respect to the connection between adolescent individuation and concurrent and longitudinal internalizing and externalizing symptoms, it is predicted that individuation is linked to these indices of current and future adjustment. Analyses examine the effects of adolescent individuation on adjustment in adolescence and emerging adulthood. It is predicted that adolescent individuation is strongly linked to adolescent adjustment and that these effects, while potentially diminished over time, are still present over the 10 year span from adolescence to emerging adulthood.

Adolescent-parent individuation is comprised of separate scores of individuality and connectedness in the adolescent-mother and adolescent-father pairs. Individuality and connectedness are examined on their own and in relation to each other within the context of each relationship. It is anticipated that adjustment is predicted by individuality

and connectedness separately and in combination. As such, main effects are examined and an interaction variable, consisting of the product of the individuality and connectedness scores, are included so that analyses can also examine the ways that individuality and connectedness, in relation to one another, predict internalizing and externalizing symptoms.

The specific hypotheses addressed in this study are as follows

In Adolescence

1. Adolescent-Mother
    a. Adolescent Internalizing Symptoms
        i. It is predicted that individuality is negatively associated with
        internalizing symptoms
        ii. It is predicted that connectedness and individuality interact in predicting internalizing symptoms such that
            1. High connectedness is associated with high internalizing symptoms when individuality is low
            2. High connectedness is associated with low internalizing symptoms when individuality is also high
    b. Adolescent Externalizing Symptoms
        i. It is predicted that connectedness is negatively associated with externalizing symptoms

ii. It is predicted that connectedness and individuality interact in predicting externalizing symptoms such that

1. Externalizing symptoms are more strongly, positively associated with high individuality and low connectedness and
2. Less strongly associated with low individuality and low connectedness

2. Adolescent-Father

a. Adolescent Internalizing symptoms

i. It is predicted that individuality is negatively associated with internalizing symptoms

ii. It is predicted that connectedness and individuality interact in predicting internalizing symptoms such that

1. low connectedness and low individuality is associated with higher internalizing symptoms and
2. low connectedness and high individuality is associated with lower internalizing symptoms

b. Adolescent Externalizing symptoms

i. It is predicted that connectedness is negatively associated with externalizing symptoms

ii. It is predicted that connectedness and individuality interact in predicting externalizing symptoms such that

1. High individuality is associated with low externalizing when connectedness is also high but
2. High individuality is associated with high externalizing symptoms when connectedness is low

In Emerging Adulthood

1. Controlling for adolescent internalizing and externalizing symptoms, respectively, the same direction of hypotheses as were predicted in adolescence are predicted in emerging adulthood with regard to associations among individuality, connectedness, and adjustment

2. It is predicted that adolescent individuation will have long term effects on young adult internalizing and externalizing symptoms, respectively, beyond the continuity of these symptoms across time

CHAPTER 2

METHODS

Participants

Participants in this study are involved in the Minnesota/Texas Adoption Research Project (MTARP), a longitudinal research study which has been following a nationwide sample of 190 adoptive families since the mid-1980s. MTARP began with the primary focus of examining the consequences of variations in openness in adoption arrangements for all members of the adoptive kinship network. The project was funded by the National Institute of Child Health and Human Development, the National Science Foundation, and the William T. Grant Foundation and is directed by Harold Grotevant, PhD. Each of the families involved in MTARP adopted a child in the late 1970s or early 1980s and were recruited to participate in the study through one of 35 adoption agencies located across the United States.

Families were sought in which there was at least one adopted child between the ages of 4 and 12 at the time of the first interview who was adopted through an agency before his/her first birthday, in which the adoption was not transracial, international, or "special needs," and in which both adoptive parents were still married to the partner they had at the time of the adoption. Participating adoption agencies were asked to select families who met the criteria described above and select randomly among them within levels of openness until a set number of families willing to be interviewed were identified. The vast majority of adoptive parents were Caucasian, Protestant, and middle to upper-middle class. These demographics reflect the population of families typically involved in formally adopting unrelated infants and birthmothers who tend to place their

infants for adoption. Virtually all adoptive parents in the study had adopted because of infertility.

Three waves of data have been collected over the past 20 years. Wave 1 data collection occurred between 1987 and 1992 (Grotevant & McRoy, 1998). At Wave 1, 720 individuals participated in the study, including both parents in 190 adoptive families, and at least one adopted child in 171 of the families. Wave 2 data collection occurred between 1996 and 2000. During this time period, the same participants were interviewed approximately 8 years after their first interview (Grotevant, Perry, & McRoy, 2005). Participants were parents and an adopted adolescent from 177 families including 173 adoptive mothers, 162 adoptive fathers, and 156 adopted adolescents. The adopted adolescents ranged in age from 11 to 20 (M = 15.7 years). Wave 3 data collection occurred between 2005 and 2008. In Wave 3, adopted individuals who were children when the study began were young adults between the ages of 20 and 30 (M = 25.0 years). Participants in Wave 3 included 151 adoptive mothers, 134 adoptive fathers, and 169 adopted young adults. The measures examined in the current study are drawn from data collected at Waves 2 and 3.

A subset of the overall Wave 2 and Wave 3 samples will be used for the current study. Coding of the Family Interaction Task (described later) was completed for dimensions of individuality and connectedness for 82 families (of the 140 families who participated in the task). These 82 cases were previously selected for coding based on whether they had full correspondence with the birth family, which was a broader topic of interest in the MTARP study but outside the scope of the current study. Of these 82 coded cases, 67 adolescent-parent pairs are available with complete data for the

independent and dependent adolescent variables of interest for the planned analyses; 36 of these are female and 31 are male. There are 57 cases with complete data for the variables of interest in emerging adulthood; 32 are female and 25 are male. In this sample of 67 adolescent adoptees, ages ranged from 11-20 years at Wave 2, with the mean age being 15.54 years. In this sample of 57 emerging adult adoptees at Wave 3, ages ranged from 21-29, with the mean age being 25.02 years. At Wave 2, 78% of this sample had a total family income of $50,000 or more while 22% had a total family income of 49,000 or less, as reported by adoptive fathers. There are no statistically significant differences between this study subsample and the larger Wave 2 sample on demographic variables (i.e. gender, age, and income). At Wave 2, about 60% of adolescents had open adoptions and were in some contact with their birth families while about 40% of adolescents were not in contact with any member of their birth families at the time of assessment.

Procedure

At Wave 2, adoptive families were interviewed in their homes during a single session that lasted 4-5 hours. The session included interviews with each parent and the adopted adolescent as well as administration of several questionnaires and a family interaction task (FIT). For this interaction task, adoptive parents and their adopted adolescents spent 20 minutes planning daily activities for a hypothetical 2-week family vacation with unlimited funds (Plan a Vacation Task). The family was asked to write down where they would go and what they would do each day, providing the opportunity for at least 28 discrete decisions. The FIT instructions and template given to families can

be viewed on p. 52-53 of Appendix I. Family interactions during the FIT were audiotaped and later transcribed verbatim.

At Wave 3, adopted young adults completed their interviews using an internet chat format though a secure server. They also completed questionnaires using a web interface through a secure server. Adoptive parents completed an interview by telephone and questionnaires through the mail. Only the adopted young adults were compensated for their participation in Wave 3. None of the participants were compensated in Wave 2. All data collection activities were reviewed and approved under the auspices of the IRB at the University of Minnesota and all ongoing analysis activities have been approved by the UMass IRB.

Measures

Assessment of individuation. Individuation was measured using the Individuality and Connectedness Q-Sort (ICQ), which is based on Grotevant and Cooper's (1986) conceptualization of individuation as a relationship property as opposed to an individual characteristic (Bengtson & Grotevant, 1999). Measuring individuation at the dyadic level is important because the quality of relationships often varies across dyads, and, specifically, the balance between individuality and connectedness can differ for individuals across relationships (Bengtson & Grotevant, 1999; Grotevant & Cooper, 1985). This instrument relies on Grotevant and Cooper's (1986) definitions of the constructs of individuality (self-assertion and separateness) and connectedness (mutuality and permeability). The ICQ "aims to allow the description, in everyday language of an individual's connectedness and individuality within a specific dyadic relationship in a form suitable for quantitative comparison and analysis" (Bengtson & Grotevant, 1999, p.

215). Assessing qualities specific to a dyadic relationship, the ICQ examines individuality and connectedness among mother-father and parent-adolescent pairs. In this study, the ICQ was used to code data from The Family Interaction Task (FIT) which adoptive families completed at Wave 2. This task is designed to elect active participation from all family members and to allow adolescents the opportunity to contribute their interests and expertise to family decision-making (Bengtson & Grotevant, 1999).

More specifically, a Q-sort is used to sort behaviors and communication into a number of categories based on how characteristic the behaviors/communications are of that category, ranging from very characteristic of the subject to very uncharacteristic of the subject (Block, 1961; Stephenson, 1953). The ICQ measures individuality and connectedness among a variety of family dyads by assessing the communications and behaviors in dyadic interactions within a broader family discussion. The ICQ includes 35 items, which are communications behaviors describing a person's individuality or connectedness to another person on a 7 point scale ranging from least descriptive to most descriptive. For example, item 8, "states own opinion directly" is an example of a behavior characteristic of an individual exhibiting individuality in a dyadic relationship, and item 17, "validates partner's opinion" is an example of a behavior characteristic of an individual establishing connectedness in a dyadic relationship. A complete listing of all 35 Q-sort item definitions and examples can be found on pages 13-47 in Appendix I. In this study, advanced doctoral students and trained, supervised undergraduate interns coded dyadic interactions by assigning each perspective in each dyad (i.e. adolescent to mother) 35 scores based on how closely their behaviors with one other person aligned with each of the 35 items. These coders examined how individuals interacted with

another individual in a dyad in terms of content, process, and affect of communication, while also attending to frequency and salience of each item in dyadic interactions.

The step-by-step coding process is described below to further elucidate how scores are assigned to families. First, coders listened to a tape of one family's interaction task for up to 20 minutes (only the first 20 minutes were coded if tasks exceeded this time). Next, coders listened to the tape again, this time also following the transcripts and taking notes on the relevant statements, actions, and behaviors of one perspective in one dyad, such as adolescent-mother. Then, using cards which each contained one of the 35 items (communication behaviors), the coders sorted these cards into three piles: generally true/descriptive of the person, neither descriptive nor undescriptive of the person, and generally not true/undescriptive of that person. Coders then listened to the FIT a third time to gather more evidence and gain clarity for the final sort.

From the pile of descriptive cards, coders pulled out five cards that were "most descriptive" of the person and put those cards in pile 7. Of note, "most descriptive" did not necessarily reflect the most frequently occurring behavior, but, instead, the most salient description of the individual's behavior. From the remaining cards in the descriptive pile, coders pulled out five cards that were "quite descriptive" of the person and put them in pile 6. Coders could take cards from the "not sure" pile if they did not have five cards left for pile 6. Coders then took the pile of undescriptive cards and pulled out five cards that were "most undescriptive" of the person and put them in pile 1. Then the coders pulled out five cards that were "quite undescriptive" and put them in pile 2. Lastly, coders sorted the 15 remaining cards into three piles of five cards each: fairly descriptive, fairly undescriptive, and neither descriptive nor undescriptive. For the final

step, coders checked over the transcript again and, if needed, listened to the FIT again and then looked over the sort to assess whether any final changes were warranted. Coders recorded item numbers of the statements placed in each pile and recorded the pile number assigned for each card. Each FIT was coded individually by two coders and meetings were held to establish consensus for any discrepancies.

The array of scores assigned by coders to each individual in a dyad was then statistically compared with the two criterion sorts; these were developed by developmental and clinical psychologists who were active researchers on adolescent-family relationships and familiar with this conceptualization of individuation (see p. 48 in Appendix I for individuality and connectedness criterion sorts). The criterion sorts are prototypes resembling the strongest expression of individuality or connectedness by one individual within a (dyadic) relationship (Bengtson & Grotevant, 1999). Criterion Q sorts are used to calculate scores of individuality and connectedness for each perspective within each dyad by statistically computing the correlation between the criterion sort and the array of scores assigned to the individual in a dyad (Waters & Deane, 1985). The correlation coefficient between the criterion sort, either individuality or connectedness, and the individual's array of scores is used as that individual's score on that individuation construct, either individuality or connectedness. For example, the more alike an individual's scores are to the individuality criterion sort, the higher his/her individuality score. Thus, within each family, one dyad, for example mother and adolescent, includes two individuation scores (individuality and connectedness) for the adolescent's interactions toward the mother (adolescent-mother) and two individuation scores for the mother's interactions toward the adolescent (mother-adolescent). The dyads that will be

used for the planned analyses in this study are adolescent-mother and adolescent-father, which each include two individuation scores (individuality and connectedness).

The ICQ has strong reliability and validity. Interrater reliability of the eight expert raters who created the criterion sort ranged from .73 to .92, with a mean of .85, for individuality and from .83 to .93, with a mean of .89, for connectedness (Bengtson. Dunbar, & Grotevant, 1996). The correlations between the individuality and connectedness criterion sorts was .14, indicating that individuality and connectedness are conceptually distinct constructs. Additionally, the inter-rater reliability between two individuals coding parent dyads ranged from .65 to .92, with a mean of .80. Further, construct validity was assessed using the ICQ to rate a group of parents previously assessed on similar constructs using a different assessment measure, the Family Discourse Code (FDC, Condon, Cooper, & Grotevant; Bengtson & Grotevant, 1999). The correlation between individuality on the ICQ and separateness plus self-assertion on the FDC was .51 for fathers and .71 for mothers. The correlations between connectedness on the ICQ and permeability plus mutuality on the FDC were .61 for mothers and fathers (Bengtson & Grotevant, 1999).

Assessment of adolescent and young adult symptomatology. The Achenbach System of Empirically Based Assessment (ASEBA) was used to assess adolescent and young adult symptomatology, according to self and parental report. ASEBA comprises several forms used to assess an individual's adaptive functioning and emotional and behavioral problems, indicated as syndromes. The forms used at both time points, Wave 2, during adolescence and Wave 3, during young adulthood, are developmentally appropriate parallel instruments which assessed the adopted individual according to self-

report as well as both parents' report. The forms used in Wave 2 of this study were the Child Behavior Checklist (CBCL) and the Youth Self Report (YSR), and the forms used in Wave 3 of this study were the Adult Behavior Checklist (ABCL) and the Adult Self Report (ASR). All four measures ask respondents to make ratings according to symptoms experienced currently and over the past 6 months by using a 3-point likert scale ranging from not true to very true/often true.

The 120 item CBCL (Child Behavior Checklist) is administered to parents and measures child and adolescent (ages 4-18) problem behaviors and competence from the parental perspective (Achenbach, 1992). The problem scale consists of 113 items which includes 'defiant,' 'easily frustrated,' and 'unhappy, sad or depressed.' The CBCL is comprised of various scales and factors, however only the internalizing and externalizing scales will be used for the purpose of this study. The total problem scale is comprised of two subfactors, internalizing and externalizing. The internalizing factor consists of the withdrawn, somatic complaints, and anxious/depressed subscales, and the externalizing factor consists of the delinquent behavior and aggressive behavior subscales. One week test-retest reliability for the externalizing and internalizing scales ranges from .87 to .95 (Pearson correlation) (Achenbach, 1991a). Research with the CBCL demonstrates that it distinguishes between clinically referred and nonreferred adolescents. Furthermore, correlations between the CBCL and with other measures of child problem behavior are in the .80s and .90s (Achenbach, 1991a).

The YSR (Youth Self-Report) is administered to adolescents themselves (ages 11-18) and provides a 112 item self-report checklist of behavioral and emotional problems the adolescent has experienced in the past 6 months (Achenbach, 1991b). The YSR

consists of the same subscales as the CBCL that comprise the internalizing and externalizing factors. Three items on the externalizing scale (disobedient at home; thinks about sex too much; vandalism), however, are asked from the parents on the CBCL and not the adolescents on the YSR. In addition, two items on the internalizing scale (I deliberately try to hurt or kill myself; I think about killing myself) are asked from the adolescents on the YSR but not from the parents. One week test-retest reliability on the YSR ranges from .67 to .91 (Pearson correlation) for the internalizing and externalizing scales (Achenbach, 1991b). Test-retest reliability is lower for younger adolescents (11-14 years of age) than older adolescents (15-18 years of age). As with the CBCL, the YSR has also been shown to successfully distinguish between clinically referred and nonreferred children (Achenbach, 1991b).

The ABCL (Adult Behavior Checklist) includes 123 items and is completed individually by each parent, assessing each parent's perception of their young adult's (ages 18-59) functioning. The ASR (Adult Self Report) is a 120-item self-report assessment administered to young adults (ages 18-59) and includes questions on demographics (occupation, education), adaptive functioning (illnesses or disabilities, concerns/worries, best things about the respondent), and problems (behavioral, emotional, social). Both the ABCL and the ASR ask respondents to base ratings on the previous 6 months. Problem items are scored in terms of two broad groupings of syndromes, internalizing, which includes anxious/depressed, withdrawn, and somatic complaints, and externalizing, which includes aggressive behavior, rule-breaking behavior, and intrusive. Reliability for the ASR and the ABCL is high, with all test-retest correlations being significant and most in the .80s and .90s (Achenbach & Rescorla,

2003). Correlations for the internalizing and externalizing scales ranged from .80-92. The ASR and the ABCL discriminate significantly between referred and nonreferred samples (Achenbach & Rescorla, 2003).

CHAPTER 3

RESULTS

This section will begin with a report of preliminary descriptive analyses related to individuation. Following this, results from planned analyses will be presented, divided by adolescent and emerging adult outcomes. Next, post-hoc analyses will be presented followed by descriptive analyses related to adjustment scores. Multiple tables accompany each of these sections and are noted in each corresponding section below.

Preliminary Descriptive Analyses

To describe individuation in this sample, correlational analyses were conducted examining the links between scores of individuality and connectedness within and across adolescent-parent pairs. It is important to note that the labeling of the individuation variables connotes the direction of communication/behavior between parent and adolescent. For instance, the adolescent-father connectedness variable assesses expressions of connectedness from adolescent to father specifically. While planned analyses focused on variables assessing individuation, as expressed from adolescent to parents, post-hoc analyses also included variables assessing individuation as expressed from parent to adolescent; this is addressed later in the results section, however, descriptive analyses thus included parent-adolescent and adolescent-parent individuation variables.

A sample size of 70 was used for these analyses, and these results, along with descriptive statistics, can be viewed in Table 1. These results revealed the most robust associations between the same construct across relationships (i.e. individuality in adolescent-mother and adolescent-father pair). Individuality in the adolescent-mother

relationship was significantly correlated with individuality in the adolescent-father relationship (r = .682, p < .01). Connectedness in the adolescent-mother relationship was also significantly correlated with connectedness in the adolescent-father relationship (r = .392, p < .01), though this correlation was significantly lower than for individuality (Z = -2.437, p < .05). Further, in both of these correlations, the direction of behaviors came from the same person, the adolescent, since the labeling of the individuation variables denotes the direction of behaviors/communications measured (i.e. from adolescent to mother or father). Adolescent-mother individuality was significantly correlated with mother-adolescent individuality (r = .254, p < .05) and mother-adolescent connectedness (r = .268, p < .05). Adolescent-father connectedness was significantly correlated with father-adolescent connectedness (r = .367, p < .01) and father-adolescent individuality (r = .236, p < .05). Lastly, mother-adolescent connectedness was significantly correlated with father-adolescent individuality (r = .266, p < .01).

The links between scores of individuality and connectedness were also examined by adolescent gender by performing separate correlation analyses for adolescent boys and girls; these results can be viewed in Table 1b, which shows individuation correlations for adolescent girls (N = 36), and Table 1c, which shows individuation correlations for adolescent boys (N = 34). In both male and female adolescent samples, individuality in the adolescent-mother relationship continued to be significantly correlated with individuality in the adolescent-father relationship (r =.729 for boys and r = .690 for girls, p < .01), and connectedness in the adolescent-mother relationship also continued to be significantly correlated with connectedness in the adolescent-father relationship (r = .516, p < .01 for boys and r = .393 for girls, p < .05). For girls, father-adolescent

connectedness was significantly correlated with adolescent-father connectedness (r = .546, p < .01), and father-adolescent individuality was significantly correlated with mother-adolescent connectedness (r = .363, p < .05). For boys, mother-adolescent connectedness was significantly correlated with adolescent-father connectedness (r = .406, p < .05), and mother-adolescent individuality was significantly correlated with adolescent-mother individuality (r = .354, p < .05).

With regard to the outcome measure of adjustment, descriptive statistics for internalizing and externalizing symptoms, measured both at adolescence and young adulthood, can be found in Table 2. Correlation analyses examining measures of adjustment were also conducted across and within time, according to various reporters, and are discussed later in the results section.

Planned Analyses: Adolescent Outcomes

Multiple hierarchical regression analyses evaluated whether individuation predicted internalizing and externalizing symptoms in adolescence and emerging adulthood. To note, the word "predict" will be used throughout the results section to indicate "predictor" variables for the purpose of delineating hypothesized/actual associations between these variables and the outcome; the term predict, as used in this paper, will not be presumed to indicate predictions across time or in a causal sense. For both adolescent-mother and adolescent-father models, it was hypothesized that individuality would be negatively associated with adolescent internalizing symptoms and that connectedness and individuality would interact in predicting internalizing symptoms. For both adolescent-mother and adolescent-father models, it was hypothesized that connectedness would be negatively associated with adolescent externalizing symptoms

and that connectedness and individuality would interact in predicting internalizing symptoms.

For the analyses evaluating adolescent outcomes, the sample size was 67; these results can be found in Tables 3, 4, 5, and 6. The first model, shown in Table 3, examined whether adolescent-father individuation, divided into separate scores of individuality and connectedness, predicted self-reported internalizing symptoms in adolescence. Adolescent age and gender did significantly predict adolescent internalizing symptoms ($F(2,64) = 3.668$, $p = .031$), however, when individuality and connectedness were added, the model was no longer significantly predictive of adolescent internalizing symptoms ($F(4, 62) = 1.777$, $p = .145$). When the individuation interaction term (which combined individuality and connectedness) was added, the model was also not significantly predictive of adolescent internalizing symptoms ($F(5, 61) = 1.573$, $p = .181$), resulting in an overall insignificant model with regard to adolescent-father individuation predicting adolescent internalizing symptoms.

The second model, shown in Table 4, examined whether adolescent-father individuation predicted self-reported externalizing symptoms in adolescence; adolescent age and gender did not significantly predict adolescent externalizing symptoms (F (2, 64) = 1.846, $p = 1.66$). When individuality and connectedness were added to the model, it was still not predictive of adolescent externalizing symptoms ($F(4, 62) = .991$, $p = .419$). Further, when the individuation interaction term (which combined individuality and connectedness) was added, the model was still not significantly predictive of adolescent externalizing symptoms ($F(5, 61) = .950$, $p = .456$), resulting in an overall insignificant

model with regard to adolescent-father individuation predicting adolescent externalizing symptoms.

The third model, shown in Table 5, examined whether adolescent-mother individuation predicted self-reported internalizing symptoms in adolescence. Adolescent age and gender did significantly predict adolescent internalizing symptoms ($F(2, 64) = 3.668$, $p = .031$); however, when individuality and connectedness were added, the model was no longer significantly predictive of adolescent internalizing symptoms ($F(4, 62) = 1.825$, $p = .135$). Further, when the individuation interaction term (which combined individuality and connectedness) was added, the model was also not significantly predictive of adolescent internalizing symptoms ($F(5, 61) = 1.547$, $p = .189$), resulting in an overall insignificant model with regard to adolescent-mother individuation predicting adolescent internalizing symptoms.

The fourth model, shown in Table 6, examined whether adolescent-mother individuation predicted self-reported externalizing symptoms in adolescence; adolescent age and gender did not significantly predict adolescent externalizing symptoms ($F(2, 64) = 1.846$, $p = .166$). When individuality and connectedness were added to the model, it was also not predictive of adolescent externalizing symptoms ($F(4, 62) = .957$, $p = .437$). Further, adding the individuation interaction term (which combined individuality and connectedness) also did not lead to a significant model predicting adolescent externalizing symptoms ($F(5, 61) = 1.166$, $p = .336$), resulting in an overall insignificant model with regard to adolescent-mother individuation predicting adolescent externalizing symptoms.

In sum, regression analyses did not support the hypothesized connection between adolescent individuation and adolescent adjustment. Throughout models, however, adolescent gender was significantly predictive of adolescent internalizing symptoms.

Planned Analyses: Emerging Adult Outcomes

For both adolescent-mother and adolescent-father models, hypotheses for emerging adulthood outcomes were similar to hypotheses for adolescent outcomes, controlling for adolescent adjustment. It was also hypothesized that adolescent individuation would have long-term effects on young adult adjustment, beyond the continuity of adjustment over time. For the analyses evaluating emerging adult outcomes, the sample size was 57; these analyses were similar to the analyses for adolescent outcomes described above, however, they also included adolescent adjustment (internalizing or externalizing symptoms) as a control variable. These results can be found in Tables 7, 8, 9, and 10.

The first model of emerging adulthood outcomes, shown in Table 7, examined whether adolescent-father individuation predicted self-reported internalizing symptoms in emerging adulthood. Emerging adult age and gender did not significantly predict emerging adulthood internalizing symptoms ($F(2, 54) = .793$, $p = .458$). When adolescent internalizing symptoms were added, the model did not significantly predict emerging adult internalizing symptoms $F(3, 53) = 1.215$, $p = .313$). Further, when individuality and connectedness were added, the model was still not significantly predictive of emerging adult internalizing symptoms ($F(5, 51) = 1.454$ $p = .221$). Lastly, when the individuation interaction term (which combined individuality and connectedness) was added, the model continued to not significantly predict internalizing

symptoms in emerging adulthood ($F(6, 50) = 1.188$, $p = .328$), resulting in an overall insignificant model with regard to adolescent-father individuation predicting emerging adult internalizing symptoms.

The second model of emerging adulthood outcomes, shown in Table 8, examined whether adolescent-father individuation predicted self-reported externalizing symptoms in emerging adulthood. Emerging adult age and gender did not significantly predict emerging adult externalizing symptoms ($F(2, 54) = .767$, $p = .470$). The addition of adolescent externalizing symptoms significantly improved the model's prediction of emerging adult externalizing symptoms and resulted in a significant overall model ($F(3, 53) = 12.849$, $p < .01$, R^2 change = .393). The addition of individuality and connectedness did not significantly improve the model's prediction of emerging adult externalizing symptoms, however this model continued to be significant ($F(5, 51) = 7.739$, $p < .01$). Similarly, the addition of the individuation interaction term (which combined individuality and connectedness) did not significantly improve the model's prediction of emerging adult externalizing symptoms, however, this model also continued to be significant ($F(6, 50) = 6.329$, $p < .01$). In all of the significant models in this set of analyses, adolescent externalizing symptoms was the only variable that was significantly predictive of emerging adult externalizing symptoms.

The third model of emerging adulthood outcomes, shown in Table 9, examined whether adolescent-mother individuation predicted self-reported internalizing symptoms in emerging adulthood. Emerging adult age and gender did not significantly predict emerging adulthood internalizing symptoms ($F(2, 54) = .793$, $p = .458$). When adolescent internalizing symptoms were added, the model did not significantly predict

emerging adult internalizing symptoms ($F(3, 53) = 1.215$, $p = .313$). Further, when individuality and connectedness were added, the model was still not significantly predictive of emerging adult internalizing symptoms ($F(5, 51) = 1.025$, $p = .413$). Lastly, when the individuation interaction term (which combined individuality and connectedness) was added, the model continued to not significantly predict internalizing symptoms in emerging adulthood ($F(6, 50) = 1.920$, $p = .096$, R^2 change = .096); while the addition of the interaction term significantly improved the model's prediction of emerging adult internalizing symptoms, the overall model of adolescent-mother individuation predicting emerging adult internalizing symptoms was not significant.

The fourth model of emerging adulthood outcomes, shown in Table 10, examined whether adolescent-mother individuation predicted self-reported externalizing symptoms in emerging adulthood. Emerging adult age and gender did not significantly predict emerging adult externalizing symptoms ($F(2, 54) = .767$, $p = .470$). The addition of adolescent externalizing symptoms significantly improved the model's prediction of emerging adult externalizing symptoms and resulted in a significant overall model ($F(3, 53) = 12.849$, $p < .01$, R^2 change = .393). The addition of individuality and connectedness did not significantly improve the model's prediction of emerging adult externalizing symptoms, however this model continued to be significant ($F(5, 51) = 7.939$, $p < .01$). Similarly, the addition of the individuation interaction term (which combined individuality and connectedness) did not significantly improve the model's prediction of emerging adult externalizing symptoms, however, this model also continued to be significant ($F(6, 50) = 7.175$, $p < .01$).

In sum, regression analyses did not support the hypothesized connection between adolescent individuation and emerging adult adjustment. Gender was not significantly predictive of emerging adult adjustment, as was found in adolescence. Adolescent externalizing symptoms was the only variable that was significantly predictive of emerging adult externalizing symptoms, demonstrating continuity of this adjustment variable over time.

Post-Hoc Analyses

Follow-up analyses were conducted based on patterns observed in planned analyses. Specifically, results from the planned analyses, described above, suggest that gender is an important factor that may be more appropriately included as a predictor variable as opposed to a control variable, at least for predicting internalizing symptoms. In the following analyses, gender was included both as a predictor variable on its own as well as part of an interaction term along with one of the individuation variables to examine whether gender interacts with individuation to predict adolescent internalizing symptoms. Follow-up analyses were conducted for adolescent outcomes only given that gender was not a significant predictor of emerging adult outcomes.

The first post-hoc analysis, which can be found in Table 11, examined whether adolescent-father individuation predicted adolescent internalizing symptoms and included gender as a predictor variable. Adolescent age, which was the only control variable, did not significantly predict adolescent internalizing symptoms ($F(1, 65) = 1.787$, $p = .185$). When adolescent gender and individuality and connectedness were added to the model, it continued to not significantly predict adolescent internalizing symptoms ($F(4, 62) = 1.777$, $p = .145$). However, when an interaction term was added, which combined

gender and connectedness, the model was predictive of adolescent internalizing symptoms at the .06 level; the addition of the interaction variable significantly improved the model's prediction of adolescent internalizing symptoms at the .06 level ($F(5, 61) = 2.232$, $p = .062$, R^2 change = .052). Gender was significantly predictive of adolescent internalizing symptoms while the gender-connectedness interaction term was predictive of adolescent internalizing symptoms at the .06 level. The interaction term finding can best be viewed by the interaction graph, Figure 1, which shows that, for boys, internalizing symptoms decrease as adolescent-father connectedness increases, while, for girls, internalizing symptoms increase as adolescent-father connectedness increases. Simple slopes analyses (Aiken & West, 1991) revealed nonsignificant relationships between adolescent-father connectedness and internalizing symptoms for adolescent boys ($B = -13.998$, $SE = 8.679$, $t(61) = -1.613$, $p = .112$) and adolescent girls specifically ($B = 6.349$, $SE = 5.994$, $t(61) = 1.095$, $p = .294$).

The second post-hoc analyses, which can be found in Table 12, also examined whether adolescent-father connectedness predicted adolescent internalizing symptoms. Since individuality was not significantly predictive of adolescent internalizing symptoms in the previous model, it was removed from this analysis to allow for direct examination of the strength of connectedness in predicting internalizing symptoms. Adolescent age did not significantly predict adolescent internalizing symptoms ($F(1, 65) = 1.797$, $p = .185$). When adolescent gender and connectedness were added to the model, it continued to not be significantly predictive of adolescent internalizing symptoms ($F(3, 63) = 2.408$, $p = .075$). However, when an interaction term was added, which combined gender and connectedness, the model was significantly predictive of adolescent internalizing

symptoms; the addition of the interaction variable significantly improved the model's prediction of adolescent internalizing symptoms at the .06 level ($F(4, 62) = 2.823$, $p = .032$, R^2 change = .051). Gender was significantly predictive of adolescent internalizing symptoms while the gender-connectedness interaction term was predictive of adolescent internalizing symptoms at the .06 level. The interaction term finding is similar to the corresponding finding of the last regression analysis and can best be viewed by the interaction graph, found in Figure 2; this shows that, for boys, internalizing symptoms decrease as adolescent-father connectedness increases, while, for girls, internalizing symptoms increase as adolescent-father connectedness increases. Similar to above, simple slopes analyses (Aiken & West, 1991) revealed insignificant relationships between adolescent-father connectedness and internalizing symptoms for adolescent boys ($B = -13.998$, $SE = 8.612$, $t(62) = -1.625$, $p = .109$) and adolescent girls specifically ($B = 6.158$, $SE = 5.82$, $t(62) = 1.049$, $p = .298$).

In addition, this analysis was also performed including the adolescent-mother connectedness variable to assess whether this finding holds when controlling for the maternal relationship. Findings confirm a significant adolescent-father connectedness finding regardless of adolescent-mother connectedness; however, when the adolescent-mother variable is included, the significance of the overall model decreases ($F(5, 61) = 2.222$, $p = .063$). The decreased significance of this model appears to be a result of its decreased power as a result of including this additional variable. Specifically, with the adolescent-mother connectedness variable in the model, the sum of squares and coefficients are almost unchanged (Age: -.979; Gender: 5.135, Adolescent-Father Connectedness: -13.894; Interaction: 20.100), and the adolescent-mother connectedness

variable is insignificant (B = -.186, p = .978). Further, the addition of the mother-adolescent variable does not significantly increase the model's prediction (R^2 = .154, R^2 change = 0, p = .978). In summary, the adolescent-father connectedness interaction finding is present regardless of whether the adolescent-mother variable is included in the model.

Lastly, a post-hoc analysis was performed which was inspired by the findings suggesting the importance of connectedness, in particular, predicting internalizing symptoms. This model, which is shown in Table 13, examined whether mother-adolescent connectedness predicted adolescent internalizing symptoms; the model which examined father-adolescent connectedness was not significant. The mother-adolescent connectedness variable was used, as opposed to adolescent-mother connectedness, based on the previous findings suggesting the significance of connectedness and the corresponding interest in whether this variable of connectedness from the mother-adolescent relationship was also a significant predictor of adolescent internalizing symptoms. To review, the labeling of the connectedness variable, in terms of ordering of parent and adolescent, connotes directionality of the communication; thus, mother-adolescent connectedness assesses the communications and behaviors of the mother toward the adolescent reflective of connectedness. This model sought to examine whether mother-adolescent connectedness is also significantly predictive of adolescent internalizing symptoms without including individuality, which was not found to be significantly predictive in previous analyses. Adolescent age did not significantly predict adolescent internalizing symptoms (F(1, 65) = 1.797, p = .185). When gender and mother-adolescent connectedness were added, the model was significantly predictive of

adolescent internalizing symptoms at the .06 level; the addition of these two variables also significantly improved the model's prediction of internalizing symptoms at the .06 level ($F(3, 63) = 2.577$, $p = .062$, R^2 change = .082). When an interaction term was added, which combined gender and mother-adolescent connectedness, the model was significantly predictive of adolescent internalizing symptoms; the addition of the interaction variable significantly improved the model's prediction of adolescent internalizing symptoms ($F(4, 62) = 3.461$, $p = .013$, R^2 change = .073).

Three of the variables in this model, gender, mother-adolescent connectedness, and the interaction term (gender and connectedness) were significantly predictive of adolescent internalizing symptoms. The significance of the interaction term indicates that the relationship between mother-adolescent connectedness and adolescent internalizing symptoms depends on the gender of the adolescent. This finding is depicted in the interaction graph in Figure 3; similar to the last two interaction findings, this visually shows that, for boys, internalizing symptoms decrease as mother-adolescent connectedness increases, while, for girls, internalizing symptoms increase as mother-adolescent connectedness increases. Simple slopes analyses (Aiken & West, 1991) revealed that mother-adolescent connectedness was negatively related to internalizing symptoms for adolescent boys ($B = -24.175$, $SE = 10.579$, $t(62) = -2.285$, $p = .026$); this relationship was not significant for adolescent girls ($B = 7.414$, $SE = 8.288$, $t(62) = .895$, $p = .374$).

A final, related follow-up analysis, which can be found in Table 14, was conducted including the father-adolescent connectedness variable to assess whether the mother-adolescent finding holds when controlling for the paternal relationship. Indeed,

this analysis confirmed a significant mother-adolescent connectedness finding regardless of father-adolescent connectedness ($F(5, 61) = 2.744$, $p = .027$). The gender, mother-adolescent connectedness, and interaction variables were all significant in this model; the father-adolescent variable was not significant. Simple slopes analyses (Aiken & West, 1991) revealed similar findings to those stated above; mother-adolescent connectedness was negatively related to internalizing symptoms for adolescent boys ($B = -24.477$, $SE = 10.711$, $t(61) = -2.285$, $p = .026$) and was not significantly related to internalizing symptoms for adolescent girls ($B = 7.066$, $SE = 8.439$, $t(61) = .837$, $p = .406$). This finding is displayed in Figure 4.

In sum, post-hoc analyses were conducted based on patterns observed in the planned analyses; specifically, throughout planned analyses, the significance of gender in models predicting adolescent internalizing symptoms suggested that adolescent gender might be more accurately included in analyses as a predictor variable. Post-hoc analyses were conducted which included gender as a predictor variable on its own as well as part of an interaction term along with the connectedness variable. The model for adolescent-father individuation revealed that gender and adolescent-father connectedness interact in predicting adolescent internalizing symptoms; this interaction term was predictive of adjustment at the .06 level. The model for mother-adolescent individuation found that, while controlling for father-adolescent connectedness, gender and mother-adolescent connectedness interact in predicting adolescent internalizing symptoms; simple slopes analysis revealed that, for adolescent boys, mother-adolescent connectedness was negatively related to adjustment. Findings from these post-hoc analyses will be discussed in the next section.

Adjustment Scores: Internalizing and Externalizing Symptoms

Correlation analyses were also used to examine relationships among adjustment scores (internalizing and externalizing) by reporter (mother, father, self) and across time (adolescence and emerging adulthood). The entire sample was used for these analyses to provide more comprehensive information on the relationships between these variables. These findings, as well as descriptive statistics for these variables, can be viewed in Table 2. The sample size ranged from roughly 100 – 126, depending on the dyad analyzed; specific sample size values are included in the reports of correlations below. Multi-informant reports of adolescent externalizing and internalizing scores were compared, by gender, to those of the Achenbach norms to compare this adopted sample to the norm sample with regard to adolescent adjustment. This comparison, which can be viewed in Table 2d, shows very similar adjustment scores across all raters.

In addition, findings were also examined by adolescent/emerging adult gender by conducting separate correlation analyses for each gender; scores for just girls can be viewed in Table 2b, and scores for just boys can be viewed in Table 2c. It is important to note that a large number of correlation analyses were run, following the analytic plan, in order to assess the connection between various variables within and across time. The numerous analyses conducted increases the likelihood of uncovering a significant finding by chance, termed the type 1error. Thus, it is possible that some of the significant findings reported may be artifacts of the many analyses conducted.

Using the whole sample during adolescence, the correlation between self (adolescent) and maternal report (N = 118) of internalizing symptoms was significant (r =.247, p <. 01); the correlation between self and maternal report of externalizing

symptoms was also significant (r = .437, p < .01). During adolescence, the correlation between self (adolescent) and paternal report (N = 111) of internalizing symptoms was not significant; however, the correlation between self and paternal report of adolescent externalizing symptoms was significant (r = .360, p < .01). During adolescence, the correlation between the parental (mother and father) report (N = 121) of the adolescent's internalizing symptoms was significant (r = .418, p < .01), and the correlation between parental report of adolescent externalizing symptoms was also significant (r = .616, p < .01). Self-reported adolescent externalizing and internalizing symptoms were significantly correlated (N = 132, r = .494, p < .01). Parental reports of adolescent externalizing and internalizing symptoms were significant for mothers (r = .627, p < .01) and fathers (r = .718, p < .01).

During emerging adulthood, the correlation between self (emerging adult) and maternal report (N = 126) of internalizing symptoms was significant (r = .488, p < .01); this was a significant increase (Z = -2.278, p < .05) compared to self-maternal report of internalizing symptoms during adolescence. The correlation between self and maternal report of externalizing symptoms was also significant (r = .369, p < .01). During emerging adulthood, the correlation between self and paternal report (N = 111) of internalizing symptoms was significant (r = .440, p < .01) which was a significant increase (Z = -2.491, p < .01) from adolescence. The correlation between self and paternal report of externalizing symptoms was also significant (r = .355, p < .01). During emerging adulthood, the correlation between the parental (mother and father) report (N = 121) of the emerging adult's internalizing symptoms was significant (r = .673, p < .01), which was a significant increase (Z = - 3.111, p < .01) compared to adolescence. The

correlation between parental report of emerging adult externalizing symptoms was also strongly significant (r = .722, p < .01); this was also significantly increased from adolescence (Z = -1.674, p < *.05).* Self-reported emerging adult externalizing and internalizing symptoms were significantly correlated (N = 156, r = .645, p < .01). Parental reports of emerging adult externalizing and internalizing symptoms were significant for mothers (r = .643, p < .01) and fathers (r = .696, p < .01).

With regard to developmental continuity over time (adolescence to emerging adulthood), self-reported scores (N = 109) of internalizing symptoms were significantly correlated with one another (r = .272, p < .01), as were self-reported scores of externalizing symptoms over time (r = .574, p < .01). Maternal reports (N = 116) of their children's internalizing symptoms were significantly correlated over time (r = .358, p < .01) as were maternal reports of their children's externalizing symptoms (r = .454, p < .01). Paternal reports (N = 99) of their children's internalizing symptoms were also significantly correlated over time (r = .540, p < .01) as were paternal reports of their children's externalizing symptoms (r = .572, p < .01).

Results were also divided to examine differences between adolescent/emerging adult gender in assessment of adjustment scores. Table 2b shows descriptive statistics and correlations using only female adolescent/emerging adults; the sample size for these correlation analyses ranged from 49-79, depending on the analysis. Table 2c shows descriptive statistics and correlations using only male adolescent/emerging adults; the sample size for these correlation analyses ranged from 45-78, depending on the analysis.

During adolescence, the correlation between self and paternal report of internalizing symptoms was not significant for male (N = 54) or female adolescents (N =

57); however, the correlation between self and paternal report of externalizing symptoms was significant for boys (r = .431, p < .01) and girls (r = .308, p < .05). Interestingly, the correlation between self and maternal report of adolescent internalizing symptoms was significant for girls (N = 59, r = .346, p < .01) but not for boys (N = 59). On the other hand, the correlation between self and maternal report of adolescent externalizing symptoms was significant for girls (r = .341, p < .01) and for boys (r = .517, p < .01). During adolescence, the correlation between maternal and paternal report of externalizing symptoms was significant for both girls (r = .525, p < .01) and boys (r = .693, p < .01). Similarly, the correlation between maternal and paternal report of internalizing symptoms was significant for both girls (N = 58, r = .455, p < .01) and boys (N =63, r = .461, p < .01). The correlation between self-reported adolescent internalizing and externalizing symptoms was significant for both girls (N = 69, r = .591, p < .01) and boys (N = 63, r = .388, p < .01).

During emerging adulthood, the correlation between self and paternal report of internalizing symptoms was significant for men (N = 54, r =.507, p < .01) and for women (N = 57, r =.381, p < .01); these correlations were not statistically different from one another. The correlation between self and paternal report of externalizing symptoms was also significant for young men (r = .416, p < .01) and young women (r = .261, p < .05); these correlations were also not statistically different from one another. The correlation between self and maternal report of emerging adult internalizing symptoms was also significant for women (N = 64, r = .567, p < .01) and men (N = 62, r =.413, p < .01); these correlations were not statistically different from one another. Further, the correlation between maternal and self-report of emerging adult externalizing symptoms

was also significant for women (r = .415, p < .01) and men, (r = .314, p < .05); these correlations were also not statistically different from one another. During emerging adulthood, the correlation between maternal and paternal report of externalizing symptoms was highly significant for both women (N = 56**,** r = .677, p < .01) and men (N = 65, r = .764, p < .01). Similarly, the correlation between maternal and paternal report of internalizing symptoms was also quite significant for both women (r = .737, p < .01) and men (r = .621, p < .01). Self-reported emerging adult internalizing and externalizing symptoms were highly correlated for women (N =79, r = .658, p < .01) and men (N = 77, r = .664, p < .01).

With regard to developmental continuity over time (adolescence to emerging adulthood), women's self-reported scores of internalizing symptoms were not significantly correlated while men's were (r = .325, p < .05). On the other hand, self-reported scores of externalizing symptoms were significantly correlated across time for both women (r =.621, p < .01) and men (r =.533, p < .01). Maternal reports of their children's internalizing symptoms over time were correlated for men (r =.447, p < .01) but not women; however, maternal reports of their children's externalizing symptoms over time were correlated for both men (r =.506, p < .01) and women (r =.411, p < .01). Paternal reports of their children's internalizing symptoms were significantly correlated over time for both men (r = .567, p < .01) and women (r = .535, p < .01). Similarly, paternal reports of their children's externalizing symptoms were significantly correlated for both men (r = .593, p < .01) and women (r = .543, p < .01).

To summarize, overall, correlations between parental (mother and father) reports of adolescent adjustment were significant for both internalizing and externalizing

symptoms while the significance of correlations for parent-adolescent reports differed. Parent-adolescent correlations were significant for both parents' reports of adolescent externalizing symptoms; however, for adolescent internalizing symptoms, only the mother-adolescent correlation was significant. When examined according to adolescent gender, mother-adolescent reports of internalizing symptoms were only significant for adolescent girls. Parent-adolescent reports of externalizing symptoms were significant for adolescent boys and girls.

During emerging adulthood, correlations between parental (mother and father) reports were also significant for reports of emerging adult internalizing and externalizing symptoms; these correlations increased significantly from adolescence. Parent-emerging adult correlations were also significant for reports of emerging adult externalizing symptoms and internalizing symptoms; the mother-emerging adult and father-emerging adult correlations in reports of internalizing symptoms both significantly increased from adolescence. All correlations were significant when examined separately according to emerging adult gender.

With regard to self-reported continuity in adjustment from adolescence to emerging adulthood, internalizing symptoms exhibited small correspondence over time while externalizing symptoms exhibited moderate correspondence over time. When examined separately by gender, self-reported externalizing symptoms were significantly correlated across time for both genders, while, for internalizing symptoms, only men's self-reports were significantly correlated. In addition, moderate continuity of both internalizing and externalizing symptoms over time was reported by both parents. When examined separately by adolescent/emerging adult gender, maternal reports of

internalizing symptoms over time were only significant for their sons while paternal reports of internalizing symptoms were significant for their sons and daughters; parental reports of externalizing symptoms were significant for both genders. Lastly, correlations between internalizing and externalizing symptoms were significant according to all reporters at adolescence and emerging adulthood.

CHAPTER 4

DISCUSSION

This section begins with a discussion of findings related to individuation and then discusses findings related to cross-informant ratings of adjustment. These sections will be followed by a discussion of the implications for research, theory, and practice and then the strengths and limitations of the study.

Individuation

Results did not support the hypothesized connection between adolescent individuation in adoptive families and concurrent and long term adjustment. Specifically, adolescent-mother individuation, as measured by the Q-sort ratings from the family interaction task, did not significantly predict self-reported internalizing or externalizing symptoms in adolescence or young adulthood; similarly, adolescent-father individuation did not significantly predict self-reported internalizing or externalizing symptoms in adolescence or young adulthood. Possible reasons for these insignificant results include the limited sample size available for analyses which limits the power, or chance of finding significant results, if present. Further, more power is needed to test for interaction effects, as were hypothesized in the present study. In addition, it is possible that the predictors of individuality and connectedness did not include broad enough variability in scores to expose results; for interaction effects in particular, broad variability in predictor variables is often needed to uncover interaction effects, if present. Furthermore, statistical limitations are heightened when studying effects across a roughly 10 year period, from adolescence to emerging adulthood, as was examined in the current

study. Also, the sample size decreased by 10 participants in emerging adulthood, further limiting power in these analyses.

Of course, it is also possible that the hypothesized results, which were based on theory and previous research, were incorrect. Specifically, the findings uncovered in post-hoc analyses suggest a shift in conceptualization of individuation, particularly in terms of emphasis on connectedness, compared to the conceptualization upon which hypotheses and planned analyses were based. This shift in conceptualization of individuation is discussed more below. Of note, gender was consistently significant across analyses for internalizing symptoms, suggesting that gender differences may not have been appropriately accounted for in the proposed data analyses and hypothesized findings, at least with respect to the relationship between individuation and adjustment. Further, the planned analyses' focus on adolescents' behaviors/communications directed toward each of their parents may have been misguided given that post-hoc analyses revealed the significance of at least maternal behaviors/communications toward adolescents with respect to connectedness.

Post-hoc analyses were performed to examine whether the inclusion of gender as a predictor variable, as opposed to control as was done in the planned analyses, uncovered a significant relationship between adolescent individuation and internalizing symptoms. These analyses found that the relationship between connectedness in the adolescent-parent relationship and self-reported adolescent internalizing symptoms varies by adolescent gender. Specifically, analyses revealed two important findings: adolescent-father connectedness and gender interact in predicting adolescent internalizing symptoms, and, similarly, mother-adolescent connectedness and gender interact in predicting

adolescent internalizing symptoms. Both of these findings are significant when controlling for the connectedness variable related to the other parent. The direction of findings is the same for both results, though the robustness of the mother-adolescent connectedness finding allows for further examination of the particular gendered effects in this analysis. Specifically, the relationship between connectedness and internalizing symptoms varies based on adolescent gender and is significant for males, for whom internalizing symptoms decrease as mother-adolescent connectedness increases.

These significant findings, coupled with the insignificant planned analyses including individuality, suggest particular importance of the connectedness variable, at least in this adoptive family sample which is comprised of two-parent middle to upper-middle class, same race (mostly Caucasian) families. Findings highlight the importance of connectedness between adolescents and their parents for adolescent development and adjustment and raise interesting questions about the operationalization of individuation. To review, modern perspectives posit that healthy adolescent development is facilitated by parent-adolescent relations that preserve strong familial bonds *and* allow for adolescent individuality (McElhaney et al., 2009; Steinberg, 1990). Thus, healthy parent-adolescent relationships, termed in the model used for the present study as individuated relationships, are those allowing adolescents and parents to acknowledge and support the adolescent's desire for independence while maintaining the parent-adolescent bond; such relationships are believed to support healthy adolescent development and adjustment, theorized to have long-term effects into young adulthood and beyond (Allen, Hauser, Bell, & O'Connor, 1994; Grotevant & Cooper, 1986).

Correspondingly, the measure used to examine individuation in the present study, termed the ICQ, was based on the importance of individuality and connectedness among family members in adolescents' intrapersonal and interpersonal competence (Bell & Bell, 1983; Cooper & Cooper, 1992; Grotevant & Cooper, 1985; White, Speisman, & Costos, 1983; Youniss, 1983). More broadly, underlying this theory is a premise that psychological well-being entails both connection with others and the existence of a separate and distinct self (Bengtson, Dunbar, & Grotevant, 1996; Cooper, Grotevant, & Condon, 1983). While specific differences in the individuation process for adolescents in adoptive families have not been documented, adoption literature has suggested that separation and independence may hold particular significance for adoptive families, further complicating adolescent individuation in these families. Reasons for this include that the prospect of gaining independence from parents may trigger unresolved feelings about loss for adopted adolescents and/or spark fear about another parental loss (Pavao, 2005; Riley & Meeks, 2006). Adoptive parents may be sensitive to emotional distance, triggering feelings related to insecurities and/or fears rooted in the family's lack of biological connection (Rosenberg, 1992).

The findings from the present study support the literature on healthy parent-adolescent relationships and corresponding adolescent development, specifically the importance of continued parent-adolescent closeness and parental support of adolescents as demonstrated by adolescent outcomes related to adjustment, adaptive functioning, competence, and well-being (Barnes, 1984; Feldman, Rubenstein, & Rubin, 1988; Harter, 1983; Jessor & Jessor, 1977; Maccoby & Martin, 1983; Steinberg & Silverberg, 1986). While autonomy and individuality are important aspects of healthy adolescent

development, contemporary theories of adolescent development have increasingly emphasized the previously overlooked/minimized importance of maintaining closeness with parents (Grotevant & Cooper, 1986; McElhaney et al., 2009; Steinberg, 1990). Further, the present study's findings contribute to the accumulating research documenting the important role of connectedness in children and adolescents' health and development (Barber & Schluterman, 2008). In addition, adoption literature has suggested that autonomy development may be particularly challenging for adoptive families given the potential association with loss and the ways that autonomy may be experienced as emotional threatening for adopted adolescents and their parents (Pavao, 2005; Rosenberg, 1992). Though one might expect the individuality variable to be related to adjustment outcomes in this sample, it is also possible that parent-adolescent connectedness holds special importance because of the challenges adolescence presents for adoptive families.

Connectedness. To better understand these findings, a close examination of the operationalization of individuation in the current study is warranted. Both connectedness and individuation were measured using a q-sort to categorize observed behaviors from adolescent towards parent (mother or father) and vice versa in a family task. Specifically, 35 items describing an individual's communication within the context of a relationship assessed the dimension of connectedness, which was defined, for the purpose of this measure, as sensitivity to and respect for the beliefs, feelings, and ideas of another in addition to responsiveness and openness to the other person's ideas (Grotevant & Cooper, 1986). Behaviors most characteristic of connectedness include "Validates partner's opinion," "Incorporates partner's ideas into his/her response," "Seems to understand partner's feeling," "Asks for partner's opinion," and "Attempts to help partner clarify

his/her thoughts" (Bengtson et al., 1996). This connectedness variable, and not the individuality variable, was significantly related to adolescent internalizing symptoms, though the direction of this relationship varied by adolescent gender and was only significant for adolescent boys, for whom internalizing symptoms decrease as mother-adolescent connectedness increases. Individuality, on the other hand, was defined, for the purpose of this measure, as awareness of one's point of view and assumption of responsibility for communicating it clearly in addition to the ability to express differences between self and others (Grotevant & Cooper, 1986); this variable/construct was characterized by behaviors such as "Demonstrates a clear point of view" and "States own opinion directly" and was not significantly related to adolescent internalizing or externalizing symptoms, regardless of adolescent gender.

While the connectedness variable is labeled as such, the relational behaviors comprised in the variable suggest that aspects of individuality and support of autonomy may, in fact, be incorporated into the observed connection. The variables of connectedness and individuality are not significantly related to one another (and were developed as such in order to examine separate constructs comprising individuation); however, connectedness incorporates aspects of individuality and independence that are distinct from those measured in the individuality variable. Close examination of the connectedness variable suggests that a part of this variable, at least when measured by behaviors of the parent to the adolescent (i.e. mother-adolescent connectedness), may include support of adolescent individuality.

For instance, the behavior, "Validates partner's opinion," is defined as not simply validation but also supporting the other's input; in the case of mother-adolescent

connectedness, the mother validates the adolescent's idea or perspective and supports the adolescent's input. While this verbal behavior is highly loaded on connectedness, it also could be viewed as incorporating support of adolescent autonomy given that the adolescent's suggestion or opinion might be distinctive from others or representative of a unique contribution to the family discussion. For instance, in the following example, a mother validates the adolescent's interest: Adolescent: "I'd really prefer to take the train." Mother: "That's a great idea. Then we could see Glacier National Park" (Bengtson et al., 1996). Here, the mother's support of the adolescent's preference to take the train on their vacation reflects both their connection and the mother's support of the adolescent's independent idea; by contributing to the adolescent's idea, the mother is providing the adolescent with a positive experience of individuality, potentially fostering further independent thought and autonomy development (i.e., I have good ideas. By thinking on my own and expressing my thoughts and preferences, I can provide valuable suggestions to the group).

The following is a relevant excerpt from a transcript from the data used in the present study: Adolescent: "I know what I want to see in Wisconsin." Mother: "What?" Adolescent: "The landmark, the oldest brewery in America in Plank Road, Wisconsin." Mother: Where is that?" Adolescent: "In Plank Road, Wisconsin. It's big and wooden. And I saw it on the news one day. It's like a 150 years old." Mother: "Oh, my god!" Again, the mother is supportive of the adolescent's idea, reflecting both their connection and her support of the adolescent's contribution. In contrast, the following excerpt from a transcript exhibits communication which would not be coded highly on the behavior, "Validates partner's opinion:" Adolescent: "I want to go someplace like maybe Korea."

Mother: “Now we have 6 days left, so let's kind of think about what we really want to do.”

Similarly, another behavior that is highly loaded on connectedness but could also be viewed as incorporating support of adolescent autonomy, is “Incorporates other’s ideas into own response;” in the case of mother-adolescent connectedness, this would refer to the mother incorporating the adolescent’s idea into her response. This is demonstrated well by the following example in which both parents incorporate the adolescent’s idea: “Mother: Ok, what would we do in Italy?” Adolescent: “Watch Soccer.” Father: “Soccer is very famous there.” Mother: “Ok, I’ll put soccer. We’ll watch soccer, soccer games.” (Bengtson et al., 1996). In the following related example, drawn from a transcript from this data, the mother and adolescent are discussing travels in Scotland: Mother: “Listen to bagpipes?” Adolescent: “No, buy one.” Mother: “Oh! Listen to bagpipes and buy one?” Adolescent: “Yeah, 'cause I want to get one.” Mother: “Bagpipes and buy one for [adolescent].” Here again, the mother incorporated the adolescent’s desire into the family’s plan. In contrast, the following excerpt shows an exchange which would not be coded high on the variable, incorporates the adolescent’s ideas, for either parent’s behavior: Adolescent: “Italy.” Mother: “Italy? No, I don't want to go to Italy.” Adolescent: “I want to see the Leaning Tower of Pisa.” Father: “We don't need to go to Italy. We can just sit down to the Olive Garden and you know, same difference…I've always wanted to go to Costa Rica…” Mother: “Daddy's always wanted to go to Costa Rica.”

Support of adolescent autonomy and individuality, in the context of the parental connection, might include the mother’s consideration of the adolescent’s desire for

autonomy and corresponding response to the adolescent's related expressions and efforts (such as in the bagpipe example above). While parental understanding and appreciation of adolescents' developmentally appropriate desire for increasing autonomy is likely integral to such connected support of adolescent individuality, so too would be attunement to each adolescent's particular positioning with regard to autonomy and what related familial support is needed, in this case, as manifested in this family task. Given the context of connection, such support of adolescent independence would likely entail nuanced parental attunement to the adolescent, particularly with respect to individualized developmental needs.

While perhaps not explicitly granting or supporting autonomy, the parent-adolescent connectedness variable could be considered to include aspects of what has been termed "respect for individuality," defined as "acknowledging and respecting a child's independent self by avoiding behaviors that intrude, exploit or manipulate it;" the focus is on honoring, as opposed to disrupting, adolescent self-development (Barber & Schluterman, 2008, p. 213). In the contrasting examples provided above, in the Italy/Costa Rica excerpt as well as the Korea excerpt, the parents indeed seemed to intrude on the adolescent's individuality. Respect of adolescent individuality is consistent with contemporary perspectives of adolescent development positing that adaptive adolescent outcomes, specifically achievements related to independence and individuality, occur in the context of close and supportive parental relationships (Allen & Land, 1999; Grotevant and Cooper, 1986; Hill & Holmbeck, 1986; Kenny, 1994; Kenny, Lomax, Brabeck, & Fife, 1998; Silverberg & Gondoli, 1996; Steinberg, 1990). Further,

related research has shown that supportive parental relationships foster autonomy (Ryan, 1995).

Additionally, the findings from the present study are interesting to consider with respect to the similar research done by Allen and colleagues which suggests that adolescent depressed affect, which is related to internalizing symptoms, is associated with a particular difficulty establishing autonomy and relatedness they labeled autonomy avoidance (Allen, Hauser, Eickholt et al., 1994). Specifically, they found that the absence of appropriate autonomy, particularly in adolescent-mother interactions, was connected to depressed affect, and they reasoned that this connection was explained by difficulty moving beyond a relationship which prohibits direct expressions of independence (Allen, Hauser, Eickholt et al., 1994; Bowlby, 1980). While the findings from the present study seemingly contrast with the findings of Allen and colleagues, the discussion above, regarding how healthy parent-adolescent connectedness may actually incorporate aspects of supporting adolescent autonomy and individuality, provides a means of understanding this discrepancy.

The interpretation of the present study's findings regarding the association between mother-adolescent connectedness and adolescent internalizing symptoms shifts the understanding of individuated relationships from co-existing individuality and connectedness to the ability of close, connected parent-adolescent relationships to support and foster adolescent individuality and autonomy. This reframed understanding of individuated relationships helps make sense of findings, previously considered discrepant, suggesting that internalizing symptoms are associated with parents' insufficient autonomy granting and/or adolescent difficulties mastering autonomy and

those studies linking adolescent depression to lacking family cohesion and closeness during adolescence (Fauber, Forehand, Thomas, & Wierson, 1990; Feldman, Rubensetin, & Rubin, 1988; Gjerde & Block, 1991; Kandel & Davies, 1982; Powers, Battle, Dorta, & Welsh, 2010).

Furthermore, adoption literature has suggested that adoptive parents and their adopted children may struggle with adoption issues particularly as they intersect with developmental tasks during adolescence (Brodzinsky, 1998; Pavao, 2005; Rosenberg, 1992). This literature has suggested particular challenges for adopted adolescents and their adoptive parents with regard to individuation, though it is important to note that related theory and research findings have focused more on clinical samples of adopted adolescents which contrast with this study's nonclinical sample (Brodzinsky et al., 1992; Riley & Meeks, 2006). Of course, it is not possible to determine whether the findings from the present study are specific to adoptive families or generalize to adolescents more broadly; specifically, these data cannot determine whether connectedness is particularly important for adolescent development generally or if these findings are reflective of particular developmental needs related to individuation for adopted adolescents. However, it is interesting to consider these findings in the context of adoption literature which has emphasized the challenges adolescent development, particularly autonomy development, may present to adoptive families (Pavao, 2005; Riley & Meeks, 2006). These theories generally suggest the significance of separation and independence in adoptive families, highlighting the ways that adopted adolescents and adoptive parents may, consciously or unconsciously, experience autonomy development as emotionally threatening to themselves and their nonbiologically connected family (Rosenberg, 1992).

This provides insight into the current study's findings with regard to the significance, in adoptive families, of parent-adolescent connectedness which likely incorporates support for adolescent individuality and autonomy. Specifically, given the difficulty adopted adolescents and/or their adoptive parents may experience with regard to autonomy development, support of adolescent individuality and independence may hold particular importance. Such parent-adolescent connectedness can demonstrate to adopted adolescents that they can maintain strong parental relationships as they mature; such connections can allow adolescents to feel supported in their strivings for autonomy and individuality, which may be associated with conflicted feelings for them and their parents.

Moreover, the development of abstract thinking and enhanced perspective-taking abilities during adolescence allow for a deeper understanding of the meaning and implications of adoption (Brodzinsky, 2011). While adolescents are increasingly able to appreciate the value of adoption as a social service system for children, they are also increasingly aware of societal conceptions of adoption as a less preferable means of creating a family in comparison to procreation; this can cause adopted adolescents to doubt their value in their families and/or feel stigmatized by the conceivable views of their peers (Brodzinsky, 2011). Additionally, for adopted individuals, the adolescent processes of self-discovery, self-definition, and identity development are believed to be further complicated by their dual familial connections to their adoptive and birth families (regardless of actual physical contact with their birth relatives); for some adopted adolescents, this dual connection can also lead to feelings of divided loyalty as they try to integrate their adoption into their emerging identity (Grotevant, 1997; Grotevant, Dunbar,

Kohler, & Esau, 2000; Pavao, 1998; Von Korff, 2008). These factors related to normative adolescent development likely underscore the particular value of continued connection to and support from adoptive parents through adolescence, a need which, at least for some adopted adolescents, may be enhanced compared to their nonadopted peers. Taken together, adoption literature, especially with respect to the challenges adoptive families face during adolescence, suggests particular importance of parent-adolescent connectedness and parental support of adolescent autonomy during this challenging and dynamic time.

Parental differences. In addition, findings clearly demonstrate a relationship between connectedness in the mother-adolescent relationship, specifically as expressed by the mother's behaviors toward the adolescent, and adolescent internalizing symptoms. This suggests that connectedness with mother, specifically mother's behavior toward the adolescent, is particularly important to adolescent adjustment in adoptive families, though the nature of this relationship depends on adolescent gender. Interestingly, the association between mother-adolescent connectedness and adolescent adjustment remains while controlling for father-adolescent connectedness, which is not significantly predictive of adolescent internalizing symptoms.

The particular importance of the maternal relationship for adolescent adjustment, identified in these results, aligns with some literature demonstrating the distinctiveness of the maternal relationship for adolescent development (Allen & Hauser, 1996; Allen, Hauser, Eickholt et al., 1994; Montemayor & Brownlee, 1987; Youniss & Ketternlinus, 1987). It is possible that the maternal relationship is especially important for adolescent development in adoptive families, perhaps given the particular sensitivity adoptive

mothers may feel regarding their adopted adolescent's individuality and budding autonomy. Respectively, prior research, some based on the sample used in the present study, has identified adoptive mothers to be the primary "kin keepers" in adoptive families, meaning that they play key roles in managing contact and communication between the adoptive and birth family (di Leonardo, 1987; Dunbar, Van Dulmen, Ayers-Lopez, Berge, Christian et al., 2006; Von Korff, Grotevant, Koh, & Samek, 2010). Thus, the role of the maternal relationship in adolescent development may be particularly significant in adoptive families, highlighting the importance of both continued mother-adolescent connection as well as maternal comfort with and support of autonomy for adopted adolescents.

It is surprising that father-adolescent connectedness does not significantly predict adolescent adjustment, as this contrasts with findings suggesting particular importance of the paternal relationship for adolescent development (Allen, Hauser, Bell, & O'Connor, 1994). That being said, research which has separately examined the roles of mothers and fathers in adolescent development has suggested that the unique role of fathers in adolescent development is more related to fostering autonomy and individuality (Kenny & Gallagher, 2002; Power & Shanks, 1989; Richards et al., 1991). It may be that the connectedness variable in the present study does not adequately capture the particular role of fathers in adolescent development and that the association between the parent-adolescent relationship and adolescent adjustment differs for fathers compared with mothers. For example, some research has linked adolescent adjustment outcomes to conflictual father-adolescent interactions that challenge adolescents (Allen et al., 1994). Further, related research identified distinctions between adoptive mothers and fathers in

what predicted their comfort with adolescent independence granting, specifically with respect to seeking birth family contact (Grotevant & Wrobel, 2011); this work suggests potential distinctions between parents in individuation-related processes in adoptive families, though further research in this area is needed to elaborate these findings.

However, the finding regarding adolescent-father connectedness, while less robust than that of mother-adolescent connectedness, indicates the importance of the paternal relationship for adolescent development. Interestingly, in contrast to mother-adolescent connectedness, adolescent-father connectedness assesses behavior of the adolescent towards the father; thus, adolescents' sensitivity to and respect for their fathers' beliefs, feelings and ideas and their responsiveness and openness to their father's ideas is predictive of adolescent internalizing symptoms, though this relationship is moderated by adolescent gender. Building upon the earlier discussion presenting a reframed view of the connectedness variable, adolescent-father connectedness also includes adolescents' respect for their fathers' individuality and autonomy. While this variable likely does not assess support for adolescent individuality/autonomy, as the mother-adolescent variable does, it may be reflective of a close paternal relationship in which adolescents can recognize and support their father's opinions and ideas. Connectedness with regard to this variable may be a marker of positive adolescent-father relationships in which adolescents acknowledge their fathers' individuality and recognize their fathers' opinions and contributions to the family discussion.

An example of a behavior highly loaded on adolescent-father connectedness is the "adolescent's incorporation of the father's ideas into the adolescent's response," demonstrated by the following exchange: Father: "We have two weeks." Adolescent:

"We have two weeks so we can go all around the world." (Bengtson et al., 1996). In this example, the adolescent uses the father's stated time frame and incorporates this into his/her statement of how far the family can travel. The adolescent is able to constructively use the father's knowledge as s/he is developing ideas about the family's travel plans; this suggests that this adolescent-father pair can work together and that this adolescent can use what the father might have to offer as s/he is developing ideas or considering options. The following is a relevant excerpt from transcripts from the present study: Father: "Do you know what I'd like to do? I'd like to go and see some of these manufacturing plants." Adolescent: "Oh, the Harley-Davidson—" Father: "Yeah, Harley-Davidson." Adolescent: "Where is that?" Father: "Up in Racine." Adolescent: "Racine, Wisconsin?" Father: "Racine or—" Adolescent: "Racine or El Paso….We could buy a Harley. While we're there, buy one. Put that, Mom. We have unlimited funds. I bet we could buy anything on this vacation." Here the adolescent decides to use the travel funds to buy a motorcycle after hearing his father's idea to visit a motorcycle factory on their travels.

While the adolescent-father connectedness finding is less robust than that of mother-adolescent connectedness, it underscores the importance of the paternal relationship for adolescent development, particularly with respect to individuation, and suggests the need for further examination of the unique role of fathers in adolescent development and adjustment. Of note, the relationship between adolescent-father connectedness and adolescent adjustment is moderated by adolescent gender; while the particular direction of this relationship appears similar to the mother-adolescent connectedness finding, it cannot be interpreted from the present data, per the simple

slopes analysis. What can be interpreted is that the association between adolescent-father connectedness and adolescent internalizing symptoms differs by adolescent gender and should thus continue to be examined as such.

Adolescent gender differences. The gendered nature of the findings from the present study is intriguing. Specifically, the relationship between connectedness and adolescent internalizing symptoms is only significant for adolescent boys, for whom internalizing symptoms decrease as mother-adolescent connectedness increases. The relationship between adolescent-father connectedness and adolescent internalizing symptoms is also moderated by adolescent gender, though the particular gendered findings cannot be specifically interpreted. That being said, the direction of gendered findings is similar to that of mother-adolescent connectedness, as shown in Figures 1 and 2**.** Of note, internalizing symptoms do not reach the clinical cutoff, thus levels of internalizing symptoms are still within the nonclinical range for adolescent boys, regardless of levels of connectedness with mother. Consequently, discussion focuses on the overall gendered nature of these findings as well as the particular finding that male adolescent adjustment increases, as demonstrated by decreased internalizing symptoms, as connectedness with mother increases.

According to the conceptual framework of adolescent individuation, this finding suggests that mother-adolescent connectedness adequately addresses the developmental needs of male adolescents such that increased connectedness is associated with increased adjustment; given the construction of the connectedness variable, as discussed above, connectedness likely includes parental closeness as well as appropriately attuned support of adolescent individuality and autonomy. Some research has suggested a connection

between attachment to parents and adjustment among adolescent boys specifically (Kenny et al., 1998; Schultheiss & Blustein, 1994). This gendered finding suggests the possibility of gendered divergence in developmental needs with regard to closeness with parents and parental support of individuality and autonomy.

Indeed, some literature on adolescent development and individuation has suggested gender-based differences in individuation, though such research is not available for adoptive families (Bell & Bell, 1983; Blatt, & Hertzog, 1999; Grotevant & Cooper, 1985; Leadbeater et al., 2004). Feminist psychologists have suggested that there are different developmental models of individuation for males and females (Chodorow, 1989; Gilligan, 1982). Gilligan's (1982) work suggested that women define their identities more interpersonally, through relationships with others, while men's identities are more focused on ideology and autonomy; she posited that female development is more centered around connection with mothers while male development occurs more through an enforced separation from the mother. Chodorow (1989) theorized that separating from the mother and establishing and maintaining a distinct sense of self are difficult psychological challenges for women. Related work reported that, compared to men, identity formation for women is more focused around interpersonal issues and intimacy; this research suggested that female individuation involves a concept of self-in relation to other (Bilsker, Schiedel, & Marcia, 1988; Gallatin, 1975; Josselson, Greenberger & McConochie, 1977).

Building on these theories, Garbarino and colleagues' (1995) work suggests the possibility of gender-based differences in conceptualizing individuation. They found that women are less conflicted about developing a sense of individuality that includes

maintaining relations with others, suggesting that women are comfortable with a concept of individuality that includes developing and maintaining one's identity without losing support and connection. Their findings also showed that men view individuation more as a separation from others, suggesting that individuality for men might entail less support from and connection to others (Garbarino, Gaa, Swank, McPherson, & Gratch, 1995). This work has interesting implications for the findings from the present study, particularly with regard to the significant results for male adolescents.

This research, in concert with feminist theories of individuation, suggest that male adolescents might feel conflicted about maintaining connection with parents, particularly their mother, while seeking developmentally appropriate individuality and independence; adolescent males may believe that autonomy entails decreased connection and support which contrasts with the well documented importance of parental connection and support for adolescent development, including autonomy development, and adjustment. This could explain the findings which suggest that male adolescents who maintain maternal closeness and receive parental support as they assert their individuality and autonomy are better adjusted than those who do not; adolescent boys with higher mother-adolescent connectedness exhibit decreased internalizing symptoms. In contrast, male adolescents with lower mother-adolescent connectedness likely lack close maternal relationships that also support their autonomy; these adolescents may feel more isolated or alienated, feelings related to internalizing symptoms, as they seek autonomy and move toward increased individuality.

Another possible explanation for the gendered findings is that adolescent statements during and contributions to the family task differ by gender. Gender-based

differences in behavior during family discussions have been identified in related research reporting gender differences in adolescent communication and interaction styles using the same family task (Grotevant & Cooper, 1985). Other research has documented gender-based differences in parental treatment associated with gender differences in child competences (Block, 1984; Huston, 1983; Maccoby & Jacklin, 1974), however this research is somewhat dated and does not examine adoptive families in particular. Either way, it is possible that adolescent males engaged in the family task by making contributions to the discussion, perhaps asking questions about places or making suggestions about vacation ideas, reflective of their burgeoning individuality and autonomy; thus, the mother's responses to and related encouragement of male adolescents' ideas, as generally characterizes the connectedness variable, would likely be experienced as positive, attuned support that is both connected, reflective of a close relationship, as well as encouraging of his individuality. For instance, in the following excerpt from a transcript, the adolescent asserts his idea and his mother responds supportively: Adolescent: "I want to go to France." Mother: "Oh, you want to go to France? OK. We can go to France. France." Adolescent: "Is this the fifth day?" Mother: "What are we going to do in France?" Adolescent: "See the Eiffel Tower." Here, the mother both validates the adolescent's idea to go to France and uses follow-up questions to help him further develop it.

On the other hand, female adolescents could be engaging in this family task somewhat differently, perhaps in ways that are less reflective or supportive of their developing individuality and autonomy; this could include providing suggestions based on another person's ideas or inquiring about proposals made by another family member.

If this were the case, the mother's responses to the female adolescent, quantified by mother-adolescent connectedness, might not be experienced as positively supportive of her individuality and autonomy. Consequently, the mother's responses to the female adolescent's contributions, or lack thereof, might not reflect a close parental relationship and/or might not sufficiently support or foster her autonomy and individuality. One potential example of this, from the transcripts, shows how a mother may not be supporting the adolescent's autonomy and individuality through seeming validation of the adolescent's response: Mother: "OK. Where do you want to go?" Father: "Europe." Adolescent: "Fine." Father: "All right." Mother: "For day one? We're going to fly to Europe?...Where? Where in Europe in particular?" Adolescent: "Rome." Mother: "Where?" Adolescent: "Rome." Mother: "OK. And when we get there, are we going to have any activities that day?" In this example, it is possible that the adolescent is not at all interested in going to Rome and simply suggested that to follow the Europe theme already suggested by her father.

Broadening from this specific family task, it is possible that mother-adolescent connectedness is associated with positive adjustment outcomes for male adolescents only because males might be better able to verbally or generally more explicitly express their strivings for autonomy in ways that are easier for mothers to supportively respond to and encourage. This would allow mothers to support their son's individuality and autonomy in ways that maintain a close parental relationship. This is consistent with related research which documented expressions of connectedness between mothers and adolescent sons reflective of both closeness and respect of adolescent individuality and independence (Werrbach, Grotevant, & Cooper, 1992) in addition to research reporting

the importance of maternal warmth for male development (Block, 1973, 1978; Lavoie, 1976). Female adolescents, on the other hand, might be less likely to express autonomous ideas or have more difficulty explicitly verbalizing their burgeoning individuality, making it harder for mothers to support their daughter's autonomy in this connected way. This aligns with work which has demonstrated the challenge female adolescents face in establishing agency and separateness in family relationships (Block, 1973, 1978).

Of course, this raises the classic chicken or egg phenomenon in terms of what comes first given that this finding reveals associations between variables and not causal relationships. It is possible that an aspect of the mother-adolescent relationship leads to this gender-based difference in expression of autonomy/individuality which is then responded to differently by mothers. It is also possible that this gendered finding is particular to adoptive families and does not generalize to adolescents more broadly. It is important to note that the finding for father-adolescent connectedness is not significant, suggesting that the parent-adolescent connectedness variable does not adequately assess the unique role of fathers in supporting adolescent autonomy and maintaining close parental relationships during adolescence.

Family system. This study separately examines connectedness with respect to each parent, controlling for connectedness related to the other parent. This is important to note given that the adolescents studied are all in two-parent families and that the data is drawn from a family discussion task including both parents and the adolescent. Analyses reveal that the mother-adolescent connectedness finding is significant while controlling for father-adolescent connectedness, and the adolescent-father connectedness finding is

significant, while controlling for adolescent-mother connectedness; this demonstrates important gender differentiated findings with respect to the connection between connectedness in the mother-adolescent and adolescent-father relationship and adolescent adjustment. However, these findings do not address overall family connectedness or the connectedness of both parents, together, toward the adolescent, which are also critical aspects of adolescent development, especially since these adolescents are living with both their parents. This is discussed further in the limitations section.

It is also important to note, however, that descriptive analyses revealed an insignificant relationship between mother-adolescent connectedness and father-adolescent connectedness; analyses did reveal a significant, positive relationship between adolescent-mother and adolescent-father connectedness. Thus, while adolescents who express high connectedness to their mothers also tend to express high connectedness to their fathers, families in which mothers express high connectedness to their adolescents do not necessarily have fathers who express high or low connectedness to their adolescents. Said another way, there is no distinct pattern, negative or positive, between connectedness exhibited to adolescents by their mothers and by their fathers. This suggests that, at least for connectedness expressed from parent to adolescent, a broader family-level connectedness quality is not being incorrectly assessed or missed and that connectedness from parent to adolescent is valuably examined separately for each parent with regard to adolescent adjustment. This work conjures interesting possibilities for future related research, particularly in terms of examining paternal roles in adolescent individuation; once this is better understood, future research could potentially combine both parental roles into a more family-level quality of individuation and examine its

associations with current and long-term adjustment. In addition, future research examining individuation and adolescent adjustment outcomes may benefit from combining connectedness as expressed from adolescent to both parents.

Summary. Findings from the present study highlight the particular importance of connectedness between adolescent and parent for adolescent adjustment, as opposed to individuality which did not yield significant findings. Examination of the items comprised in the connectedness variable revealed that, while the relational behaviors assessed incorporated aspects of closeness and connection between adolescent and parent, individuality and support of autonomy were also incorporated into the assessed connection. Findings thus emphasized the importance of continued parent-adolescent connection during adolescence, particularly as demonstrated from mother to adolescent, as well as support of adolescent autonomy and individuality in the context of close parental relationships. Hence, findings from this study suggest a shift in the understanding of individuated parent-adolescent relationships from comprising co-existing individuality and connectedness to connected relationships which allow for, support, and foster adolescent individuality and autonomy.

These findings were identified in a nonclinical adoptive family sample and cannot establish whether the results are specific to adoptive families or generalize to nonadoptive families more broadly. Adoption literature does suggest that normative adolescent development, especially autonomy development, may be particularly challenging for adoptive families. Thus support of adolescent individuality and independence in the context of close parent-adolescent relationships may hold particular value in adoptive families during adolescence.

Important gender differences were identified with respect to both parent and adolescent gender. With regard to parent gender, results highlighted the particular value of the mother-adolescent relationship for adolescent adjustment. Again, it is not clear whether this finding is specific to adoptive families given the role of mothers in adoptive families as well as the particular sensitivity adoptive mothers may experience regarding adolescent development. Findings for the adolescent-father relationship were less robust, though revealed the importance of connection, as assessed in the behaviors of adolescents to their fathers, and adolescent adjustment. These findings suggest both the importance of the adolescent-father relationship for adolescent development and that the connectedness variable used in the present study may not adequately capture the particular role of fathers in adolescent development.

Findings for both mother-adolescent connectedness and adolescent-father connectedness differ by adolescent gender. The direction of the findings, while observable in graphs for both results, is only specifically interpretable for adolescent boys, for whom internalizing symptoms decrease as mother-adolescent connectedness increases. This suggests that mother-adolescent connectedness adequately addresses the developmental needs of male adolescents such that increased connectedness is associated with increased adjustment; such connectedness likely includes parental closeness as well as appropriately attuned support of adolescent individuality and autonomy. It seems that mothers in particular understand their adolescent sons as well as their developmental needs and want to be close with them.

Cross-Informant Ratings of Adjustment

Self and parental ratings of internalizing and externalizing symptoms within and across time were examined to extend the multiple informant literature to an adoptive family sample, particularly during young adulthood in which very limited relevant research has been conducted. Overall, findings with regard to parent and adolescents' report of adolescent adjustment in adoptive families are relatively consistent with the relevant literature on cross-informant ratings of adjustment. Findings from the present study reveal moderate parent-adolescent agreement on adolescent externalizing symptoms (with mother: r = .437; with father: r = .360), as has been found in previous research (Achenbach et al., 1987; Cantwell et al., 1997; Rosnati et al., 2008; Sourander et al., 1999). For internalizing symptoms, however, adolescent report was significantly correlated with maternal (r = .247) but not paternal report.

Increased parent-adolescent discrepancies in reports of internalizing symptoms align with much of the literature and has been explained by the relative visibility of externalizing symptoms as compared with internalizing symptoms which are less observable (Achenbach et al., 1987; De Los Reyes & Kazdin, 2005; Duhig et al., 2000; Seiffge-Krenke & Kollmar, 1998). Further, the discrepancy between maternal and paternal reports of internalizing symptoms parallels literature which has found higher mother-adolescent correspondence in reports of adjustment. These findings support previous work which has suggested that both male and female adolescents are more open with their mothers and more comfortable sharing their emotional difficulties (Almeida & Galambos, 1991; Monck, 1991; Noller & Bagi, 1985; Seiffge-Krenke & Kollmar, 1998;Youniss & Smollar, 1985); however, some research has focused more on the

increased amount of time mothers spend with their children as well as maternal monitoring (Fitzgerald, Zucker, Maguin, & Reider, 1994; Hartos & Powers, 2000; Renk, Donnelly, Klein, Oliveros, & Baksh, 2008).

Results also reveal considerable correspondence between parental (mother-father) reports of adolescents' internalizing ($r = .418$) and externalizing ($r = .616$) symptoms. This moderate to large parental correspondence is comparable to other research (Achenbach et al., 1987; Duhig et al., 2000; Phares, 1997; Seiffge-Krenke & Kollmar, 1998). Specifically, these findings are quite similar to those in Duhig and colleagues' meta-analysis (2000) reporting moderate parental correspondence in ratings of internalizing problems and large parental correspondence in ratings of externalizing problems. Research has suggested that the higher parental correspondence in ratings of adolescent adjustment, compared with parent-adolescent ratings, is explained by the similarity in parents' roles with their children, in contrast to self-ratings, as well as communication between parents about their child's adjustment and well-being.

Findings from the present study do not provide strong evidence of higher agreement in classifying youth adjustment among adoptive parents compared to nonadoptive parents as has been previously suggested by Rosnati and colleagues (2008), though they studied younger children (ages 7-11); it is possible that the higher parental agreement documented in adoptive families levels off during adolescence, a time when youth become closer with peers and confide less in their parents (Seiffge-Krenke & Kollmar, 1998). This could be understood by the particular challenges adolescence may pose to adopted individuals, particularly in terms of normative developmental tasks

related to identity development and de-valuation of parents (Brodzinsky et al., 1998; Pavao, 2005; Rosenberg, 1992).

When parent-adolescent reports of adolescent internalizing symptoms were examined according to adolescent and parent gender, mother-adolescent reports of female adolescents were the only significant finding (r = .346). This interestingly contrasts with research reporting the greatest discrepancies in parent-adolescent reports of female adolescents' internalizing symptoms (Hughes & Gullone, 2010; Seiffge-Krenke & Kollmar, 1998; Sourander et al., 1999). Given this contrast with other literature, it is possible that this finding is reflective of a particular dynamic in adoptive families. Further, as would be expected, mother-adolescent and father-adolescent reports of externalizing symptoms were significant for both girls (with mother: r = .341; with father: r = .308) and boys (with mother: r = .517; with father r = .431). Previous research varies in the extent to which particular gender differences and related dyads (i.e. mother-son, mother daughter) are examined and reported, complicating comparisons across studies. While individual studies have found gender differences according to parent-adolescent dyad (Hughes & Gullone 2010; Seiffge-Krenke & Kollmar, 1998), meta-analyses have found that correspondence in informants' adjustment ratings does not vary significantly by gender of parent or youth (Achenbach et al., 1987; Duhig et al., 2000).

Results related to emerging adult (EA) adjustment provide intriguing findings given the sparse cross-informant research on adjustment ratings for this age group. Moderate parent-EA agreement was found in reports of EA externalizing symptoms (with mother r = .369; with father: r = .355), similar to results found in adolescence. Of note, parent-EA agreement on EA internalizing symptoms increased from adolescence;

mother-EA agreement increased from small to moderate (r = .488), and father-EA agreement significantly increased from insignificant to significant, moderate agreement (r = .440). A comparable study found similar father-EA correspondence in reports of college students' internalizing symptoms, though correspondence in father-EA reports of externalizing symptoms was not significant (Renk et al., 2008). Of note, findings from one related meta-analysis reported similar correspondence between self-other ratings of adults' internalizing (r = .428) and externalizing (r = .438) symptoms (Achenbach, Krukowski, Dumenci, & Ivanova, 2005), suggesting that parent-EA correspondence in reports of EA adjustment may not differ greatly from adulthood. The informants used in this meta-analysis were spouses, other family members, partners, peers, and clinicians (counselors, nurses, psychiatrists, psychologists, therapists, mental health staff).

While parent-EA correspondence in ratings of externalizing symptoms were similar to adolescence, parent-EA correspondence for internalizing symptoms increased notably. The limited available research suggests that increased parent-self correspondence in reports of internalizing symptoms over time may generalize to the broader population, though further research on this trend is needed. This finding may correspond with the literature stating that positive relations with parents increase over young adulthood, particularly in comparison to adolescence (Aquilino, 1997; Bucz & van Wel, 2008; Whiteman, McHale, & Crouter, 2011); specifically, research has found that relations with parents increase as young adults move out of the home (Dubas & Peterson, 1996; Mayseless & Hai, 1998; Sullivan & Sullivan, 1980).

The parent-EA correspondence in reports of EA adjustment, particularly for internalizing symptoms, may reflect more positive, close relationships with parents as

adolescents age into young adulthood; young adults may feel more comfortable sharing their feelings with their parents and/or parents may have a better understanding of their children's well-being and adjustment during young adulthood. Potential explanations for this include emerging adults' increased maturity, which may correspond with increased clarity about their emotional experience and openness with their parents in communicating their feelings and experiences. Further, improved parent-child relationships during EA, as has been documented in previous research, is likely related to better parent-child communication, which may correspond with increased sharing. Given the limited relevant research on this age group, it is difficult to surmise whether adoptive families differ in this regard.

Furthermore, in contrast to adolescent findings, parent-EA agreement on EA externalizing and internalizing symptoms is quite similar, showing very little discrepancy between mother-EA and father-EA reports. This findings conflicts with the higher mother-adolescent correspondence identified earlier, perhaps suggesting that young adults are equally open with both parents or that both parents are similarly involved in their young adults' lives. This finding is not evident in the corresponding research by Renk and colleagues (2008) who found greater discrepancy across parent-EA dyads. Some research has focused on associations between parent-child correspondence and parent-child communication and information exchange (Hartos & Power, 2000; Jaccard, Dittus, & Gordon, 1998). For instance, Renk and colleagues (2008) found that mothers' communication with their college students was related to their perceptions of them, which, in turn, was associated with ratings of their college students' adjustment. It is possible that adoptive families exhibit less discrepancy across parental ratings during EA,

compared with nonadoptive families, and that adoptive mothers and fathers do not differ significantly in their communication and information exchange with their adopted young adults.

In addition, correlations between mothers' and fathers' ratings of EA symptoms were high (for externalizing symptoms: r = .722; for internalizing symptoms: r = .673), both significantly increased from adolescence. Renk and colleagues (2008) reported moderate to large parental correspondence in reports of EA internalizing *(*r = .55) and externalizing symptoms (r = .46). Similar research in a sample of nonadopted young adults is needed to establish whether these findings generalize to parent-EA relationships more broadly. It is important to note that the sample used for the present study is nonclinical and comprised of intact, two-parent families; family characteristics were not reported in the study by Renk and colleagues, though it is likely that family structures in their sample may have differed significantly from that of the present study.

When parent-EA reports of EA adjustment were examined according to gender, father-son correlations were moderate (for externalizing: r = .417; for internalizing: r =.507), and father-daughter correlations were modest (for externalizing: r = .269; for internalizing: r =.381); differences between father-son and father-daughter correlations were not statistically different for either symptom. Mother-daughter correlations were also moderate (for externalizing: r = .415; for internalizing r = .567) while mother-son correlations were a bit more modest (for externalizing: r = .314; for internalizing r =.413); again, these differences were not statistically significant. While there are some intriguing patterns in these gendered results, differences between reports of internalizing and externalizing symptoms as well as between same/opposite gender pairs were not

statistically significant. Similarly, in Achenbach and colleagues' meta-analysis, significant differences between maternal and paternal report of young adult adjustment were not found; differences according to adult gender and parent-EA gender were also not found (Achenbach, Howell, McConaughy, & Stanger, 1995).

In terms of stability over time, self-reported adjustment from adolescence to emerging adulthood demonstrated small continuity in internalizing symptoms (r = .272) and moderate continuity in externalizing symptoms (r = .574). Research has correspondingly documented strong coherence in externalizing symptoms over time and more modest coherence in internalizing symptoms over longer time spans (Dodge & Pettit, 2003; Hinshaw, 1992; Maguin & Loeber, 1996; Masten et al., 2005). Moderate continuity of externalizing symptoms from childhood through EA was also found in earlier research using the same adoptee sample as used in the present study (Von Korff, Grotevant, & McRoy, 2006). Additionally, stability of adjustment symptoms from adolescence to emerging adulthood was also examined in a study of Dutch international adoptees (van den Berg et al., 2008); this study reported quite similar, moderate stability in externalizing symptoms (r = .55) but higher rates of continuity of internalizing symptoms (r = .44) across time compared with the present study's findings. The differences in continuity of internalizing symptoms may be related to important sample differences given that van der Berg and colleagues examined international adoptees while the present study only included U.S. born domestic adoptees.

Related research on the stability of adjustment over time has identified moderate to high continuity of internalizing and externalizing behaviors from adolescence through emerging adulthood; this work attributed this continuity to underlying genetic and shared

environmental factors while changes over time were accounted for by nonshared environmental influences (Huizink, van den Berg, van der Ende, & Verhulst, 2007). Broadly speaking, overall functioning and adjustment are believed to be fairly continuous across life for most individuals; however, development also involves discontinuities, and early experiences do not necessarily have definitive lifetime effects (Schulenberg& Zarrett, 2006). Given the "pervasive and often simultaneous personal, contextual, and social role changes" typically occurring during EA, this period is a particularly interesting time in which to examine adjustment outcomes and continuity of adjustment (Schulenberg & Zarrett, 2006, p. 140). Specifically, the geographic mobility, range in life paths, and diversity in the timing and nature of developmental milestones provide multiple opportunities for changes in adjustment, which may be better captured by internalizing symptoms *(*Arnett, 2004; Cohen, Kasen, Chen, Hartmark, & Gordon, 2003; Osgood, Ruth, Eccles, Jacobs, & Barber, 2005). At present, it is not clear whether adopted individuals experience lower continuity in internalizing symptoms, compared to nonadopted individuals, in EA; however, adoption can also provide opportunities for change and stability. Specifically, during EA, adopted individuals have increased independence in terms of searching for and communicatng with birth families and may also be thinking about or beginning families of their own.

When developmental continuity was examined according to gender, women's self-reported internalizing symptoms were not significantly correlated over time while men's self-reported internalizing symptoms were (r = .325). Self-reported externalizing symptoms were correlated for both men (r =.533) and women (r =.621) over time. Of note, the findings with regard to internalizing symptoms echo the longitudinal work by

Masten and colleagues (2005) which reported less continuity in internalizing symptoms in women, compared to men, over the transition from adolescence to adulthood. Achenbach and colleagues (1995) examined stability of self-reported internalizing and externalizing symptoms over a 3 year period spanning adolescence through emerging adulthood and reported moderately high continuity for internalizing symptoms which were similar across genders (for women, r = .51; for men, r = .54); stability of externalizing symptoms was fairly similar (for women, r = .50; for men, r = .57). While similar to this study's findings with regard to externalizing symptoms, Achenbach and colleagues' results related to internalizing symptoms differed from the present study; this may be partly explained by the different time periods examined, since internalizing symptoms may be less stable over time than externalizing symptoms. Broadly, literature generally holds that mental health and problem behaviors are relatively stable from adolescence to emerging adulthood, though particular differences in well-being and specific diagnoses do demonstrate change across the time period of emerging adulthood (Schulenberg& Zarrett, 2006).

With regard to continuity in parent-reported symptoms over time, maternal reports of externalizing symptoms were moderately correlated (r = .454) as were paternal reports (r = .572). For internalizing symptoms, maternal reports from adolescence to emerging adulthood were also correlated over time (r = .358), as were paternal reports (r = .540). When examined by adolescent/EA gender, maternal reports of internalizing symptoms over time were only significant for men (r =.447); maternal reports of externalizing symptoms over time were significant for both genders (for men, r = =.506; for women, r =.411). Paternal reports of continuity of symptoms were significant for

women (for internalizing: r = .535, for externalizing: r = .543) and men (for internalizing: r = .567; for externalizing: r = .593). Achenbach and colleagues (1995) reported high continuity of parental reports of internalizing (for men, r = .70; for women, r = .58) as well as externalizing symptoms (for men, r = .69; for women, r = .64) over a 3 year period spanning adolescence to young adulthood; ratings were not significantly different for each parent. In comparison to the present study, the smaller time frame examined by Achenbach and colleagues (2005) at least partly explains the higher continuity of parent-reported internalizing and externalizing symptoms.

In addition, results revealed significant comorbidity between internalizing and externalizing symptoms across all reporters and over time. Specifically, correlations for self-reported internalizing and externalizing symptoms were moderate during adolescence (r = .494) and high in EA (r = .645). Similarly, during adolescence, correlations of externalizing and internalizing symptoms were quite high for maternal (r = .627) and paternal reports (r = .718). During EA, correlations for externalizing and internalizing symptoms were high according to maternal (r = .643) and paternal report (r = .696). These findings generally overlap with research documenting substantial comorbidity between internalizing and externalizing symptoms (Hinden, Compas, Howell, & Achenbach, 1997; Krueger, Caspi, Moffitt, & Silva, 1998; Masten et al., 2005; Wright et al., 2013). The links between internalizing and externalizing symptoms, including causal and transactional influences, have been discussed elsewhere, and this topic is beyond the scope of the present study (Angold, Costello, & Erkanli, 1999; Caspi et al., 2014; Cicchetti & Toth, 1991; Lahey, Loeber, Burke, Rathouz, & McBurnett, 2002; Masten et al., 2005).

Summary. In sum, findings from the present study with regard to cross-informant ratings of adolescent adjustment, specifically internalizing and externalizing symptoms, generally align with the cross-informant literature. However, this body of research has yet to be considerably extended into emerging adulthood, limiting the comparisons that can be made from this work.

In adolescence, parent-adolescent correspondence in ratings of male and female externalizing symptoms was moderate for both parents. For internalizing symptoms, however, only mother-adolescent correspondence was significant; further, when examined separately by adolescent gender, mother-adolescent correspondence was significant for female adolescents only. Moderate parent-adolescent correspondence in ratings of adolescent externalizing symptoms is consistent with the literature. Higher parent-adolescent correspondence in reports of externalizing, as opposed to internalizing, symptoms is typically attributed to the increased visibility of externalizing symptoms.

Further, correspondence in parental (mother-father) ratings was moderate for adolescent internalizing symptoms and high for externalizing symptoms, generally aligning with relevant literature. Higher correspondence in parental ratings of adolescent adjustment, compared with parent-adolescent ratings, has been attributed to the similar roles parents occupy with respect to their child as well as parental communication about their child. Findings with regard to adolescent adjustment do not support some research which has suggested higher parental agreement in ratings of adolescent adjustment among adoptive parents compared with nonadoptive parents. It may be that the higher parental agreement reported in adoptive families during childhood levels off during adolescence, posited to be a particularly challenging period for adoptive families.

In emerging adulthood, parent-EA correspondence in reports of EA externalizing symptoms was moderate; these correlations were significant for both parents and for male and female young adults. For internalizing symptoms, parent-EA agreement was also moderate; these correlations were significant for both parents and for male and female young adults. Compared to adolescence, mother-EA and father-EA correspondence in reports of EA internalizing symptoms both increased significantly. Parental correspondence in reports of EA adjustment was high for both internalizing and externalizing symptoms, significantly increased from adolescence. While cross-informant literature on EA adjustment is sparse, research on emerging adulthood is growing and suggests that positive parent-child relations increase over EA. Thus, increased correspondence in parent-EA reports of EA adjustment, compared to adolescence, particularly for internalizing symptoms, may be related to increased closeness in parent-EA relationships during this time. It is also possible that the findings related to EA adjustment are specific to adoptive families, reflecting increased correspondence in ratings of EA adjustment; however more research is needed to warrant such a conclusion.

In terms of continuity of adjustment over time, according to self-report, internalizing symptoms exhibited small correspondence over time while externalizing symptoms exhibited moderate correspondence over time; when separately examined by EA gender, self-reported internalizing symptoms were significantly correlated over time for men only. Generally, overall functioning and adjustment are broadly considered to be fairly stable over time; however, development also entails discontinuities and change. Specifically, strong coherence in externalizing symptoms over time has been well

documented in the literature while internalizing symptoms have been found to be less stable. Further, less continuity in internalizing symptoms in women, compared to men, has been noted over the transition to adulthood. In addition, it may be that adoption and/or emerging adulthood, or perhaps the confluence of these, presents particular opportunities for change which are especially evident in self-reported internalizing symptoms.

Implications for Research, Theory, and Practice

The following section will discuss implications for research, theory, and practice, first with respect to individuation and then with respect to cross-informant ratings of adjustment. Then will follow a review of this study's strengths and limitations.

Individuation. In contrast to the dated perspective of adolescent individuation stating that healthy adolescent development entails detachment from parents, results from the present study support the more modern perspective of individuation (Mahler & Furer, 1968). This perspective highlights the value of ongoing closeness with parents and the importance of the interplay between connection to and independence from parents during adolescence. Further, findings from the present study extend the modern view of adolescent individuation by providing a reframed understanding of individuated adolescent-parent relations as consisting of close, connected parent-adolescent relationships which support and foster adolescent individuality and autonomy. Specifically, these findings elucidate that individuality is a prerequisite to healthy connection in relationships; healthy connection in the parent-adolescent relationship entails closeness to and support of the adolescent as well as parental recognition and encouragement of adolescent individuality and independence. It is likely that, subsumed

under the parent-adolescent connection, is parental attunement which includes consideration of normative adolescent development as well as the specific emotional and developmental needs of a particular adolescent.

Furthermore, findings from this study underscore the importance of gender differences in individuation and adjustment, an important implication for related theory and future research. Gender differences with respect to parents and adolescents were apparent in these findings, emphasizing the value of considering distinctive individuation-related parental roles for mothers and fathers during adolescence as well as differential individuation-based needs for male and female adolescents. Specific findings suggest the particular importance of the maternal relationship for adolescents, at least in terms of the association between parental connection, as demonstrated in behaviors/communications to the adolescent, and adolescent adjustment. However, the nature of this finding differs according to adolescent gender, specifically showing that, for adolescent boys, internalizing symptoms decrease as mother-adolescent connectedness increases. This finding suggests that connection in the mother-adolescent relationship addresses the developmental needs of male adolescents such that increased connectedness is associated with increased adjustment. It is possible that continued connection and closeness in the maternal relationship is particularly important for male adolescent adjustment, though further gender-based research on adolescent individuation-related needs is necessary to merit more firm conclusions.

While connection with fathers was also significantly related to adolescent adjustment, these findings, in comparison to the mother-adolescent findings, were less robust and interestingly highlighted the behaviors/communications of adolescents toward

their fathers. Of note, findings with respect to the paternal connection and adolescent adjustment also revealed adolescent gender differences. While it is clear that fathers play an important role in adolescent development, it is likely that the variables included in the present study do not adequately capture the particular importance of fathers during this time. Further research on the particular role of fathers in adolescent development is warranted, particularly given the ongoing changes in gender roles occurring on a societal level. Findings generally indicate gendered divergence in adolescent developmental needs with regard to closeness with parents and parental support of individuality and autonomy. Overall, findings emphasize the importance of examining adolescent and parent gender differences in future individuation research and incorporating both gender differences in theoretical frameworks of individuation. This research also suggests an opportunity for future research to examine underlying, more family-based dynamics or qualities related to adolescent individuation and adjustment.

Moreover, results also suggest that internalizing symptoms are particularly relevant to the association between individuation and adjustment during adolescence. Given that results for externalizing symptoms were not significant, findings suggest that adjustment outcomes related to adolescent individuation are better captured by internalizing symptoms, which include the withdrawn, somatic complaints, and anxious/depressed subscales. Literature on internalizing and externalizing symptoms has suggested greater stability in externalizing symptoms over time, perhaps indicating a more trait-like component of externalizing symptoms, at least as assessed by the Achenbach measures. Nevertheless, it seems that adolescent individuation is related to more internal, emotional aspects of adjustment, such as anxiety and depressive

symptoms, as opposed to more external, behavioral aspects of adjustment, including delinquent and aggressive behaviors. This research thus suggests that internalizing-related adjustment outcomes should be a focus of individuation theory and research. In addition, it is recommended that future individuation research also examine more strengths-based outcomes, in contrast to the symptom-based focus of the present study, to provide a more well-rounded understanding of the relation between adolescent individuation and adjustment.

This study did not uncover long-term effects of individuation on internalizing/ externalizing adjustment outcomes in emerging adulthood. If individuation is indeed a primary developmental task of adolescence, long-term implications would likely be present, however, it is difficult to uncover associations over long time spans given the many factors at play in individual development over time. The lack of significant findings with respect to emerging adulthood outcomes could be a result of the small sample size corresponding with decreased power; however, given the limited continuity identified in internalizing symptoms from adolescence through emerging adulthood, it is possible that long-term effects of adolescent individuation may be better assessed using an alternate outcome. This is a recommended area of future research, perhaps focusing on aspects of positive adjustment and adaptive functioning during emerging adulthood or other developmental tasks relevant to this time period. Given the relational nature of the individuation construct used in the present study, more relationally-based outcomes, such as those associated with romantic relationships/close friendships may be more suitable.

Of note, findings from the present study were drawn from a sample of two-parent adoptive American families in which adolescents were U.S. born and adopted before they

were one year old. This research cannot establish whether findings are specific to these adoptive families or generalize to a broader population with regard to adoptive families or, more generally, other family structures. Additional individuation-related research including diverse family structures is needed. However, adoption literature posits that adolescence, specifically autonomy development, may be particularly challenging for adoptive families; thus, support of adolescent individuality and independence in the context of close parent-adolescent relationships may hold particular value in adoptive families during adolescence.

Adoption literature has not uncovered particular adoption-related gender differences which would explain the adolescent gender differences revealed in the present study. This suggests that the identified adolescent gender differences may be reflective of a more overarching phenomenon of adolescent development. However, some adoption literature studying parental roles in adoptive families has suggested that the maternal relationship may be especially important for adolescent development (Von Korff et al., 2010). Thus, the differential results identified for mothers and fathers could reflect a dynamic specific to adoptive families or that may be enhanced in this family structure; further research in this area is needed. Additionally, building on these findings, an interesting focus of future research might involve examining how particular aspects of adoption, such as the degree of contact/communication with birth family (termed openness), are related to and/or affect adolescent development, specifically individuation.

This research has important bearing on clinical work with adolescents and their families. Adolescent individuation is a challenge for the whole family, and adolescents presenting for treatment are often struggling with aspects of individuation in addition to

longstanding personal and family difficulties as well as more immediate stressors; both enduring struggles and pressing concerns may also be exacerbated by the difficulties of adolescent individuation. In addition, internalizing symptoms, which this study identified as being associated with individuation, often bring individuals to seek psychological treatment. Furthermore, adopted individuals have been found to be over-represented in clinical populations and may seek treatment more often than nonadopted individuals; while the reasons for this are multifaceted, this suggests important mental health needs to which this research can provide insight. Hence, it is likely that many adolescents and families, including a substantial amount of adopted individuals, in treatment are struggling with individuation-related difficulties relevant to the present study's findings. Given that mothers are more often the primary individual involved in their children's mental health treatment, findings from the present study with respect to the particular importance of the mother-adolescent relationship are especially pertinent to clinical work.

It is important for clinicians working with adolescents to be well acquainted with the modern perspective of healthy adolescent individuation. Clinicians can help parents gain familiarity with individuation, broadly with respect to adolescent development, as well as specifically related to their adolescent and his/her unique needs and difficulties. This research, in conjunction with much research on adolescent development, highlights the importance of continued parental connection and support, especially in relationships with mothers, during adolescence, a time often believed to be characterized by rebellion and independence. While adolescents want to gain independence, they need parental support in this endeavor. An important piece of this support is likely parental attunement which involves sensitivity both to the challenges and excitement that adolescence entails

as well to as the particular needs of each adolescent. Given the value placed on attunement in clinical work, these results suggest that research joining attunement and individuation may be fruitful.

Children's needs change throughout their development; while adolescents are much less dependent on parents than they were as infants or toddlers, parental closeness and support are still critical for their development and adjustment. That being said, adolescents can be challenging to parent and support. Parents, and perhaps mothers in particular, may struggle to find their role and have difficulty appreciating their continued importance as their adolescents increasingly strive for autonomy and embrace their individuality, sometimes in challenging, frustrating, or even misguided ways. Much research, the present study included, however, highlights the need for continued parental closeness and support through this challenging period, though this support and closeness inevitably looks much different than at earlier life stages. Given the importance of such parental connection as well as the challenges it can present to parents during adolescence, parents need support in maintaining close relations with their adolescents.

Clinicians can help parents be mindful of their continued importance in their adolescent's life and development even when adolescents may not be acknowledging their appreciation or explicitly voicing this need. Adolescents may also benefit from help recognizing their need for parental support and closeness and expressing related needs to their parents. Like their parents, adolescents may need assistance understanding that autonomy and closeness are not mutually exclusive; they can seek independence, develop their identity, and build close relationships with friends and partners while still receiving parental support and maintaining parental bonds.

Findings suggest that adolescent males have a particular need for parental, especially maternal, closeness and support. While this is in need of further study, these results may highlight a particular vulnerability for males during adolescence given societal notions of men having less relational needs and being more identified with autonomy and ideology. During adolescence in particular, males may be struggling with societal expectations and gender roles which may feel incompatible with their emotional and interpersonal needs. While adolescent boys may be making strivings for independence, they might have difficulty gaining emotional support or voicing related needs. Parents, especially mothers, may benefit from increased awareness of their son's emotional needs during adolescence. Given that findings suggest the potential of gender-based differences in individuation-related needs, clinicians should be attentive to potential gender differences with regard to comfort with and needs related to individuation on the part of adolescents and their parents.

Furthermore, research suggests that adolescence may be especially difficult for adoptive families, something clinicians should be particularly mindful of given the increased numbers of adoptive individuals who seek psychological treatment as well as the current movement toward adoption-competent clinical practice. Clinicians should be thoughtful about the potential emotional salience of separation in adoptive families and consider how this might be affecting the ways an adoptive family is approaching, thinking about, and responding to adolescent autonomy development. Specifically, adolescent development may evoke powerful feelings related to loss for adoptive parents and/or their adolescents, which clinicians can be particularly helpful in naming and processing with families. Further, it is possible that the challenges adoptive families face

during adolescence make it more difficult for parents to maintain strong connections and provide attuned support to their adolescents. It may also be that adopted adolescents have a heightened need for such parental support and connection as they face the challenges of adolescence. Of course, a combination or interaction of these may be operative. In addition, the maternal relationship may be particularly significant in adoptive families, further heightening the need for attention to this relationship in treatment. In sum, this research emphasizes the importance of actively incorporating parents in their adolescent's treatment, particularly for adoptive families, as opposed to solely providing individual therapy to the adolescent.

Cross-informant ratings of adjustment. While parents tend to exhibit strong correspondence between one another in reports of their adolescent's internalizing and externalizing symptoms, considerable discrepancy between parent and adolescent report has been consistently reported in the literature. These findings were generally replicated in the current study, reporting moderate correspondence in parental ratings of adolescent externalizing and internalizing symptoms. Mother-adolescent and father-adolescent correspondence in reports of externalizing symptoms were also moderate; however, parent-adolescent correspondence in reports of internalizing symptoms were only significant for the mother-adolescent pair. These findings, particularly the considerable discrepancies noted in parent-adolescent correspondence in ratings of internalizing symptoms, raise the question of which informant(s) to use when assessing adolescent adjustment.

Findings from the present study underscore, as has been suggested in the literature, that adolescent adjustment should not be assessed using solely parent report.

This is particularly true for internalizing symptoms which are less observable and have demonstrated considerable discrepancies between parent and adolescent. Of note, externalizing symptoms, while more observable, also exhibit significant parent-adolescent discrepancy. Achenbach and colleagues (1987) concluded that no two informants provide the same information regarding an individual's adjustment, emphasizing that each informant contributes valuable information, even if discrepant from that of others. Given the considerable, widely-documented parent-adolescent discrepancies in reports of adjustment, the developmental difficulties adolescents may experience in providing information on their emotional functioning, and the variance in each reporter's sense of what is clinically significant, the current study supports gathering parent and youth reports when assessing adolescent adjustment. However, gathering multi-informant data poses challenges, particularly in research in which statistical analyses often require such information to be integrated. The present study's findings indicate that incorporating cross-informant ratings of adolescent adjustment into latent variables representing internalizing or externalizing symptoms is a valuable means of assessing adolescent adjustment and integrating this, often disparate information, for the purpose of analyses; stronger loading placed on adolescent self-reports may also be warranted and worthwhile.

That being said, combining adjustment ratings obscures important clinical information essential for assessment and treatment. Specifically, differences between adolescents and their parents in ratings of adolescent adjustment likely indicate communication lapses/gaps, lack of awareness/denial, and/or differing presentations in different settings/with different people. All of these factors have important bearing on

clinical work with adolescents, who are often still living with their families, and should be incorporated into both assessment and treatment. Further, clinicians should be aware of the significant parent-adolescent disparities in reports of adolescent adjustment; clinicians should be prepared to find such differences and consider the clinical value of both discrepancies and similarities in such reports. With regard to both research and clinical work, it would be interesting to engage families in a discussion about the similarities and differences in their adjustment reports to learn more about what might underlie these discrepancies. Additionally, it is not clear that adoptive families exhibit particular differences in informant discrepancies of adolescent adjustment compared to nonadoptive families; while this was not formally examined in the current study, comparison with research using nonadoptive family samples does not reveal noteworthy cross-informant differences.

Further, findings from the present study suggest that assessing internalizing symptoms in adolescent males may be especially challenging. When examined according to adolescent gender, adolescent-mother ratings of internalizing symptoms were only significant for adolescent females. This particular finding is in need of further examination as meta-analyses have not uncovered gender differences in informant discrepancies. Studies which have found gender discrepancies in adolescent-parent ratings have identified greater differences for adolescent females, in contrast to findings from the present study. It is possible that this finding is reflective of a specific dynamic in adoptive families in which parents may be especially unaware of adolescent boys' emotional difficulties and/or adolescent boys may have more difficulty expressing/revealing their emotional difficulties to their parents. Perhaps adopted

adolescent boys have particular difficulty acknowledging, thinking about, and/or verbalizing the converging challenges of adoption and adolescence.

In comparison to adolescence, research examining cross-informant ratings of adjustment in emerging adulthood is sparse. Results from the present study reveal high parental correspondence for reports of emerging adult internalizing and externalizing symptoms, significantly increased from adolescence. Further, moderate correspondence in parent-self reports of externalizing symptoms continued in emerging adulthood; however, notably, parent-emerging adult correspondence in internalizing symptoms increased significantly from adolescence. Further, correspondence between parents and their children did not differ significantly by parent or emerging adult gender and were similar for internalizing and externalizing symptoms. This increased parent-self correspondence in reports of internalizing symptoms is likely related to improvements in parent-child relationships which have been identified in emerging adulthood.

While parent-emerging adult correspondence is less discrepant, at least for internalizing symptoms, than adolescence, discrepancies still exist, with the highest parent-emerging adult correspondence being moderate. Moderate correspondence was also identified in a meta-analysis of cross-informant ratings of adjustment in adulthood (Achenbach et al., 2005), suggesting that cross-informant ratings during emerging adulthood may not differ substantially from adulthood. The moderate correspondence identified between parents and emerging adults suggests that it may still be valuable to gather multiple informants' reports when assessing adjustment in emerging adulthood. Indeed, Achenbach and colleagues (2005) assert that various informants can provide accurately different and useful information, even in adulthood. Obtaining multi-

informant data may be less warranted and less practical compared to adolescence given that emerging adults are more mature and often no longer living with their parents. However, Achenbach and colleagues note that it is not necessarily difficult to obtain collateral information from parents, particularly in survey form. More research on cross-informant discrepancies in emerging adulthood is needed to provide further clarity on the importance of obtaining multi-informant data on adjustment during this time.

Findings from the present study have important relevance for clinical work with emerging adults; these findings suggest greater potential for increased agreement regarding adjustment between parents and emerging adults, compared to adolescence. In addition, these findings reveal continued discrepancies which are important to attend to in terms of the young adult's support system and relationship with parents. Of course, parent-child relationships are valuable throughout the life span, thus consideration of parental input and correspondence may be useful through adulthood.

Strengths and Limitations

It is important to note limitations of the current study. First, the intensive process required for coding the observational measure yielded a relatively small sample size used for the individuation analyses. This may have prevented the uncovering of additional significant findings, especially with regard to statistical interactions which require increased power to detect findings. In addition, individuation was assessed using one particular task which was conducted at one time point; thus, the individuation data gathered reflects a snapshot of family interaction that may have limitations in terms of generalizing to the family's typical interactions and dynamics. Also, one particular coding system was used, and it is possible that there are alternate ways to examine

individuation in the family context. The specific family task used provides participants with opportunities to exhibit relatedness, as opposed to other tasks used in similar research which are more focused on family conflict or disagreement. The task used includes many decision points, providing various opportunities for adolescents and their parents to provide input and express their opinions in the family setting. It is possible that this task did not elicit aspects of individuality as well as it did aspects of connectedness.

Further, overall family functioning was not assessed, and, thus, this study cannot determine whether the parent-adolescent findings identified were related to a broader, overarching family property that incorporates the influence of both parents. Specifically, the mother-adolescent and father-adolescent pairs studied are, of course, embedded within the family system including all three family members and potentially other siblings; the family level connectedness that underlies the connectedness between each parent and their adolescent is also an important element in need of further research. The specific mother-adolescent and father-adolescent relationships/dynamics *and* the overarching family system, including the ways parents may converge, coordinate with, and/or counteract/override each other, are all critical aspects of studying adolescent development in the family context. The present study aimed to provide insight into the particular effects of the mother-adolescent and father-adolescent relationship with respect to individuation and adjustment; this leaves many opportunities for related future research including examining individuation-related properties of the family system as a whole. Specific subjects of future research might include focus on the emergent

connectedness of the parental unit and related examination of the influence and effects of each parent on one another.

For analysis of individuation, only self-report measures were used for the adjustment outcome. This may have been a particular limitation with respect to assessing externalizing symptoms, which are often underreported by adolescents. It is recommended that future research interested in examining links between individuation and externalizing symptoms incorporate reports from multiple informants to better assess the potential associations between these. In addition, given the nature of analyses used and the concurrent outcome measures, this research cannot ascertain the direction of findings or identify casual relationships; it is possible that internalizing symptoms led to decreased parent-adolescent connectedness. The reported findings demonstrate associations between adjustment and connectedness but cannot establish that connectedness causes decreases in adjustment.

This study sample is relatively homogenous in terms of race, socioeconomic status, religion, family structure, and adoption type. The majority of the participants are Caucasian, Protestant, and from middle to upper middle class, two-parent adoptive families; this reflects the population of families typically involved in formally adopting unrelated infants and birthmothers who placed their infants for adoption during the late 1970s and early 1980s. Thus, these findings may not generalize to individuals from more diverse backgrounds and to family types of differing structures. More research is needed on diverse family structures to better understand the family dynamics of individuation and how they may differ in varying types of families. The homogeneity of the sample should be considered when interpreting the generalizability of these findings. In addition,

given that this sample is nonclinical, findings may differ in a more emotionally troubled clinical population; extending this work into a clinical population is an interesting topic of future study.

This study also has many strengths. These include the use of an observational measure of individuation, diverging from much of the literature which uses self-report measures to assess this construct. The use of an observational measure is particularly important given the limitations of self-report measures, especially with respect to a relational construct such as individuation. In addition, this observational measure was administered in the home setting as opposed to an artificial laboratory environment. Further, the specificity of the individuation variables with regard to particular family members and the direction of behaviors and communications allow for detailed examination of individuation and elucidates particular relationship dynamics and gender differences. This specificity is valuable given the complexity of both individuation and family relationships as well as the myriad of ways individuation is operationalized in research and theory. Further, this study provides valuable descriptive information related to individuation and adjustment, two constructs which are widely used but often poorly defined.

Very little research has been conducted on cross-informant ratings of adjustment in emerging adults or in adoptive families, thus this study provides a valuable contribution to the literature in both respects. The unique sample of adoptive families is also an asset of this study in terms of its contribution to the literature on diverse family structures. Given the prevalence of complex families and the importance of studying

individual development in the family context, research with diverse families is of critical importance.

While the longitudinal design of this study is a strength, significant effects were not uncovered during emerging adulthood for the findings related to individuation. More research is needed to better understand the long-term effects of adolescent individuation as well as the correlates and precursors to healthy individuation and adolescent adjustment. That being said, the longitudinal nature of the analyses examining cross-informant ratings of adjustment over time is a strength given the scarcity of such longitudinal work.

Table 1a. Descriptive Statistics and Correlations for Individuation Variables in Whole Sample

Construct	1	2	3	4	5	6	7	8	M(SD)
1. Connectedness Child-Father	-								.333(.253)
2. Individuality Child-Father	-.141	-							.384(.161)
3. Connectedness Child-Mother	.392**	.186	-						.370(.206)
4. Individuality Child-Mother	.092	.682**	.171	-					.371(.183)
5. Connectedness Mother-Child	.057	.101	.116	.268*	_				.455(.179)
6. Individuality Mother-Child	.075	.130	.077	.254*	-.151	-			.418(.118)
7. Connectedness Father-Child	.367**	.014	.034	.079	.148	.003	-		.458(.189)
8. Individuality Father-Child	.236*	-.137	-.215	.122	.266*	-.030	-.083		.424(.146)
N=70, ** is significant at .01, * is significant at .05									

Table 1b. Descriptive Statistics and Correlations for Individuation Variables for Female Adolescents

Construct	1	2	3	4	5	6	7	8	M(SD)
1. Connectedness Child-Father	-								.268(.281)
2. Individuality Child-Father	-.189	-							.388(.191)
3. Connectedness Child-Mother	.393*	.166	-						.388 (.181)
4. Individuality Child-Mother	.139	.690**	.076	-					.386(.176)
5. Connectedness Mother-Child	-.109	.033	-.073	.228	-				.465(.196)
6. Individuality Mother-Child	.198	.099	-.038	.144	-.275	-			.422(.116)
7. Connectedness Father-Child	.546**	-.044	.265	.167	.173	.016	-		.464(.213)
8. Individuality Father-Child	.195	-.255	-.261	.101	.363*	-.028	-.146	-	.363(.161)
N=36, ** is significant at .01, * is significant at .05									

Table 1c. Descriptive Statistics and Correlations for Individuation Variables for Male Adolescents

Construct	1	2	3	4	5	6	7	8	M(SD)
1. Connectedness Child-Father	-								.401(.200)
2. Individuality Child-Father	-.030	-							.381(.123)
3. Connectedness Child-Mother	.516**	.233	-						.352(.230)
4. Individuality Child-Mother	.094	.729**	.235	-					.357(.191)
5. Connectedness Mother-Child	.406*	.235	.303	.315	-				.445(.162)
6. Individuality Mother-Child	-.065	.186	.165	.354*	-.006	-			.413(.121)
7. Connectedness Father-Child	.086	.137	-.225	-.038	.102	-.019	-		.450(.163)
8. Individuality Father-Child	.179	.125	-.149	.203	.154	-.013	.053	-	.457(.123)
N=34, ** is significant at .01, * is significant at .05									

Table 2a. Descriptive Statistics and Correlations for Internalizing and Externalizing Symptoms in Whole Sample

Construct	1	2	3	4	5	6	7	8	9	10	11	12	M(SD)
Adolescence													49.06 (9.63)
1. Self-Report Internalizing	-												
2. Self-Report Externalizing	.494^	-											51.42 (11.26)
3. Father Report Internalizing	.160	.123	-										47.07 (11.87)
4. Father Report Externalizing	.108	.360^	.718^	-									48.70 (11.19)
5. Mother Report Internalizing	.247^	.241^	.418^	.426^	-								48.36 (10.14)
6. Mother Report Externalizing	.120	.437^	.242^	.616^	.627^	-							49.05 (10.35)
Emerging Adulthood													47.01 (11.93)
7. Self-Report Internalizing	.272^	.188*	.082	.026	.023	.009	-						
8. Self-Report Externalizing	.252^	.574^	.156	.258^	.031	.211*	.645^	-					48.86 (10.98)
9. Father Report Internalizing	.093	-.042	.540^	.409^	.226*	.092	.440^	.251^	-				46.92 (12.05)
10. Father Report Externalizing	.146	.158	.529^	.572^	.125	.357^	.274^	.355^	.696^	-			49.42 (10.14)
11. Mother Report Internalizing	.181	.174	.378^	.306^	.358^	.256^	.488^	.339^	.673^	.552^	-		48.68 (10.72)
12. Mother Report Externalizing	.096	.291^	.253^	.407^	.166	.454^	.202^	.369^	.458^	.722^	.643^	-	50.80 (10.53)

^ is sig at .01, * is sig at .05

Table 2b. Descriptive Statistics and Correlations for Internalizing and Externalizing Symptoms for Female Participants

Construct	1	2	3	4	5	6	7	8	9	10	11	12	M(SD)
Adolescence 1. Self-Report Internalizing	-												50.64 (9.29) N=69
2. Self-Report Externalizing	.591^	-											52.03 (11.44) N=69
3. Father Report Internalizing	.203	.062	-										46.31 (13.19) N=65
4. Father Report Externalizing	.315*	.308*	.766^	-									48.00 (11.38) N=65
5. Mother Report Internalizing	.346^	.125	.455^	.408^	-								48.94 (9.29) N=68
6. Mother Report Externalizing	.293*	.341^	.192	.525^	.598^	-							49.18 (8.69) N=68
Emerging Adulthood (EA) 7. Self-Report Internalizing	.225	.199	-.079	.009	-.078	.056	-						47.96 (21.19) N=79
8. Self-Report Externalizing	.389^	.621^	-.046	.110	-.094	.096	.658^	-					47.68 (10.50) N=79
9. Father Report Internalizing	.157	.001	.535^	.495^	.307*	.238	.381^	.194	-				45.73 (11.63) N=60
10. Father Report Externalizing	.322*	.198	.523^	.543^	.187	.338*	.334*	.269*	.758^	-			46.68 (9.29) N=60
11. Mother Report Internalizing	.241	.190	.274	.330*	.242	.234	.567^	.368^	.737^	.569^	-		47.91 (10.52) N=69
12. Mother Report Externalizing	.280*	.387^	.211	.339*	.134	.411^	.358^	.415^	.521^	.677^	.657^	-	49.58 (10.77) N=69

^ is sig at .01, * is sig at .05

Table 2c. Descriptive Statistics and Correlations for Internalizing and Externalizing Symptoms for Male Participants

Construct	1	2	3	4	5	6	7	8	9	10	11	12	M(SD)
Adolescence 1. Self-Report Internalizing	-												47.33 (9.76) N=63
2. Self-Report Externalizing	.388^	-											50.75 (11.11) N=63
3. Father Report Internalizing	.145	.234	-										47.79 (10.55) N=70
4. Father Report Externalizing	-.092	.431^	.667^	-									49.34 (11.05) N=70
5. Mother Report Internalizing	.153	.340^	.416^	.453^	-								47.82 (10.89) N=74
6. Mother Report Externalizing	-.019	.517^	.309*	.693^	.646^	-							48.93 (11.73) N=74
Emerging Adulthood (EA) 7. Self-Report Internalizing	.325*	.172	.292*	.060	.106	-.025	-						46.03(11.61) N=77
8. Self-Report Externalizing	.134	.533^	.352^	.372^	.122	.285*	.664^	-					50.06(11.39) N =77
9. Father Report Internalizing	.011	-.097	.567^	.330*	.155	-.021	.507^	.309*	-				47.93(12.39) N=70
10. Father Report Externalizing	-.016	.131	.521^	.593^	.080	.402^	.235	.417^	.655^	-			51.77(10.31) N=70
11. Mother Report Internalizing	.149	.166	.478^	.283*	.447^	.276*	.413^	.310*	.621^	.521^	-		49.36(10.93) N=78
12. Mother Report Externalizing	-.077	.188	.282*	.464^	.196	.506^	.027	.314*	.399^	.764^	.627^	-	51.87(10.26) N=78

^ is sig at .01, * is sig at .05

Table 2d. Comparison of Study Sample to Achenbach Norm Sample

	Adolescent Boys		Adolescent Girls	
Construct	Study Sample M (SD)	Norm Sample M (SD)	Study Sample M (SD)	Norm Sample M (SD)
1. Self-Report Internalizing	8.7 (6.3) *N* = 63	10.5 (7.0)	13.2 (8.0) *N* = 69	12.9 (8.5)
2. Self-Report Externalizing	12.4 (8.2)	11.6 (7.0)	12.2 (7.9)	10.3 (6.3)
3. Father Report Internalizing	5.3 (5.9) *N* = 73	6.5 (6.3)	6.4 (8.4) *N* = 72	7.5 (6.6)
4. Father Report Externalizing	8.5 (8.5)	8.9 (7.5)	6.3 (7.4)	7.4 (6.7)
3. Mother Report Internalizing	5.6 (6.1) *N* =79	6.5 (5.3)	6.5 (5.2) *N* =76	7.5 (6.6)
6. Mother Report Externalizing	8.4 (8.7)	8.9 (7.5)	6.1 (5.3)	7.4 (6.7)

Table 3. Hierarchical Multiple Regression Analysis: Child-Father Individuation Predicting Adolescent Internalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1			.	
Age	-.976	.612	.103	
Gender	5.660**	2.432		
Step 2			.103	<.01
Age	-.972	.625		
Gender	5.628**	2.563		
Child-Father Individuality (centered)	.206	7.702		
Child-Father Connectedness (centered)	-.207	5.409		
Step 3			.114	.011
Age	-1.001	.627		
Gender	5.841**	2.579		
Child-Father Individuality (centered)	1.209	7.816		
Child-Father Connectedness (centered)	-.968	5.131		
Interaction: Child-Father ConnectXIndiv	34.942	39.547		
Note. *Unstandardized coefficients. ** $p < .05$, N =67,				

Table 4. Hierarchical Multiple Regression Analysis: Child-Father Individuation Predicting Adolescent Externalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1			.055	
Age	-.338	.707		
Gender	5.331	2.810		
Step 2			.060	.006
Age	-.360	.720		
Gender	5.707	2.952		
Child-Father Individuality (centered)	2.917	8.871		
Child-Father Connectedness (centered)	3.175	5.816		
Step 3			.072	.012
Age	-.393	.722		
Gender	5.955	2.970		
Child-Father Individuality (centered)	4.201	9.001		
Child-Father Connectedness (centered)	2.290	5.909		
Interaction: Child-Father ConnXIndivid	40.677	45.546		
Note. *Unstandardized coefficients. ** $p < .05$, $N = 67$				

Table 5. Hierarchical Multiple Regression Analysis: Child-Mother Individuation Predicting Adolescent Internalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1			.103	
Age	-.976	.612		
Gender	5.660**	2.432		
Step 2			.105	.003
Age	-.967	.622		
Gender	5.785**	2.486		
Child-Mother Individuality (centered)	-1.988	6.196		
Child-Mother Connectedness (centered)	-1.402	6.794		
Step 3			.113	.007
Age	-.825	.656		
Gender	5. 538**	2.521		
Child-Mother Individuality (centered)	-3.952	7.727		
Child-Mother Connectedness (centered)	-2.199	6.228		
Interaction: Child-Mother ConnXIndivid	-30.894	43.973		
Note. *Unstandardized coefficients. ** $p < .05$, $N = 67$				

Table 6. Hierarchical Multiple Regression Analysis: Child-Mother Individuation Predicting Adolescent Externalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1			.055	
Age	-.338	.707		
Gender	5.331	2.810		
Step 2			.058	.004
Age	-.360	.718		
Gender	5.206	2.870		
Child-Mother Individuality (centered)	3.787	7.844		
Child-Mother Connectedness (centered)	-.098	7.154		
Step 3			.087	.029
Age	-.040	.749		
Gender	4.647	2.877		
Child-Mother Individuality (centered)	-1.985	8.818		
Child-Mother Connectedness (centered)	-.576	7.108		
Interaction: Child-Mother ConnXIndivid	-69.927	50.184		
Note. *Unstandardized coefficients, N =67				

Table 7. Hierarchical Multiple Regression Analysis: Child-Father Individuation Predicting EA Internalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1			.029	
Age	-.385	.905		
Gender	4.200	3.447		
Step 2			.064	.036
Age	-.159	.911		
Gender	3.043	3.510		
Adolescent Internalizing Symptoms	.246	.173		
Step 3			.125	.060
Age	-.159	.898		
Gender	1.444	3.568		
Adolescent Internalizing Symptoms	.249	.171		
Child-Mother Individuality (centered)	-8.578	10.301		
Child-Mother Connectedness (centered)	-11.660	6.721		
Step 4			.125	.000
Age	-.158	.907		
Gender	1.456	3.608		
Adolescent Internalizing Symptoms	.248	.173		
Child-Mother Individuality (centered)	-8.574	10.403		
Child-Mother Connectedness (centered)	-11.670	6.789		
Interaction: Child-Mother ConnXIndivid	4.231	65.236		
Note. *Unstandardized coefficients, N =57				

Table 8. Hierarchical Multiple Regression Analysis: Child-Father Individuation Predicting EA Externalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1			.028	
Age	-.870	.762		
Gender	1.625	2.901		
Step 2			.421	.393**
Age	-.865	.593		
Gender	-.823	2.297		
Adolescent Externalizing Symptoms	.590**	.098		
Step 3			.431	.010
Age	-.860	.599		
Gender	-1.253	2.396		
Adolescent Externalizing Symptoms	.595**	.100		
Child-Mother Individuality (centered)	-5.629	6.991		
Child-Mother Connectedness (centered)	-2.652	4.556		
Step 4			.432	.000
Age	-.857	.606		
Gender	-1.237	2.421		
Adolescent Externalizing Symptoms	.595**	.101		
Child-Mother Individuality (centered)	-5.624	7.060		
Child-Mother Connectedness (centered)	-2.665	4.601		
Interaction: Child-Mother ConnXIndivid	6.417	44.123		

Note. *Unstandardized coefficients, N =57, ** $p < .01$

Table 9. Hierarchical Multiple Regression Analysis: Child-Mother Individuation Predicting EA Internalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1			.029	
Age	-.385	.905		
Gender	4.200	3.447		
Step 2			.064	.036
Age	-.159	.911		
Gender	3.043	3.510		
Adolescent Internalizing Symptoms	.246	.173		
Step 3			.091	.027
Age	-.200	.917		
Gender	3.516	3.554		
Adolescent Internalizing Symptoms	.238	.174		
Child-Mother Individuality (centered)	-6.004	9.343		
Child-Mother Connectedness (centered)	-8.158	8.513		
Step 4			.187	.096**
Age	.387	.907		
Gender	3.123	3.399		
Adolescent Internalizing Symptoms	.190	.167		
Child-Mother Individuality (centered)	-15.192	9.692		
Child-Mother Connectedness (centered)	-6.783	8.150		
Interaction: Child-Mother ConnXIndivid	-146.413**	60.263		
Note. *Unstandardized coefficients, N =57, ** $p < .05$				

Table 10. Hierarchical Multiple Regression Analysis: Child-Mother Individuation Predicting EA Externalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1			.028	
Age	-.870	2.901		
Gender	1.675	2.901		
Step 2			.421	.393**
Age	-.865	.593		
Gender	-.823	2.297		
Adolescent Externalizing Symptoms	.590**	.098		
Step 3			.428	.017
Age	-.893	.597		
Gender	-.494	2.326		
Adolescent Externalizing Symptoms	.585**	.099		
Child-Mother Individuality (centered)	-5.975	5.630		
Child-Mother Connectedness (centered)	-2.945	6.183		
Step 4			.463	.025
Age	-.627	.615		
Gender	-.702	2.300		
Adolescent Externalizing Symptoms	.572**	.098		
Child-Mother Individuality (centered)	-6.887	6.629		
Child-Mother Connectedness (centered)	-5.368	5.573		
Interaction: Child-Mother ConnXIndivid	-62.656	41.102		
Note. *Unstandardized coefficients, N =57, ** $p < .01$				

Table 11. Hierarchical Multiple Regression Analysis: Child-Father Individuation Predicting Adolescent Internalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1 (age)	-.844	.629	.027	
Step 2			.103	.076
Age	-.972	.625		
Gender	5.628**	2.563		
Child-Father Individuality (centered)	.206	7.702		
Child-Father Connectedness (centered)	-.207	5.409		
Step 3			.155	.052^
Age	-.969	.612		
Gender	5.102**	2.523		
Child-Father Individuality (centered)	1.523	7.568		
Child-Father Connectedness (centered)	-13.988	8.679		
Interaction: GenderXChild-Father Connectedness	20.347^	10.527		
Note. *Unstandardized coefficients. ** $p < .05$, ^p < .06, N =67				

Table 12. Hierarchical Multiple Regression Analysis: Child-Father Connectedness Predicting Adolescent Internalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1 (age)	-.844	.629	.027	
Step 2				
Age	-.973	.619	.103	.076
Gender	5.630**	2.542		
Child-Father Connectedness (centered)	-.225	4.966		
Step 3			.154	.051^
Age	-.976	.606		
Gender	5.117**	2.502		
Child-Father Connectedness (centered)	-13.998	8.612		
Interaction: GenderXChild-Father Connectedness	20.156^	10.403		
Note. *Unstandardized coefficients. ** $p < .05$, ^p < .06, N =67				

Table 13. Hierarchical Multiple Regression Analysis: Mother-Child Connectedness Predicting Adolescent Internalizing Symptoms

Variables	B*	SEB	R^2	ΔR^2
Step 1 (age)	-.844	.629	.027	
Step 2			.109	.082^
Age	-.922	.619		
Gender	5.730**	2.445		
Mother-Child Connectedness (centered)	-4.581	6.773		
Step 3			.183	.073**
Age	-.759	.602		
Gender	5.745**	2.361		
Mother-Child Connectedness (centered)	-24.175**	10.578		
Interaction: GenderXMother-Child Connectedness	31.589**	13.404		
Note. *Unstandardized coefficients. ** $p < .05$, ^p < .06, N =67				

Table 14. Multiple Regression Analysis: Mother-Child and Father-Child Connectedness Predicting Adolescent Internalizing Symptoms

Variables	B*	SEB	R^2
Age	-.761	.607	.184
Gender	5.732**	2.379	
Mother-Child Connectedness (centered)	-24.477**	10.711	
Father-Child Connectedness (centered)	1.848	6.515	
Interaction: GenderXMother-Child Connectedness	31.544**	13.506	
Note. *Unstandardized coefficients. ** $p < .05$, $N = 67$			

Figure 1. Age, Gender, Adolescent-Father Individuality, Adolescent-Father Connectedness, and GenderXConnectedness Predicting Adolescent Internalizing Symptoms.

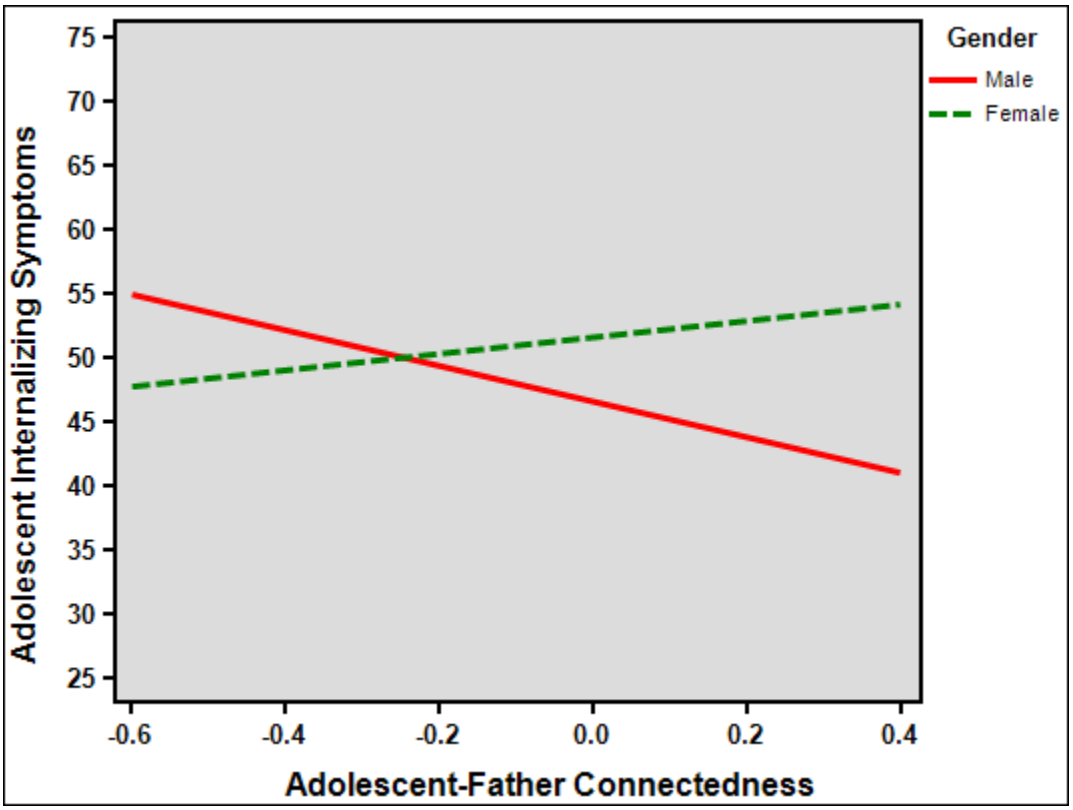


Figure 2. Age, Gender, Adolescent-Father Connectedness, and GenderXConnectedness Predicting Adolescent Internalizing Symptoms.

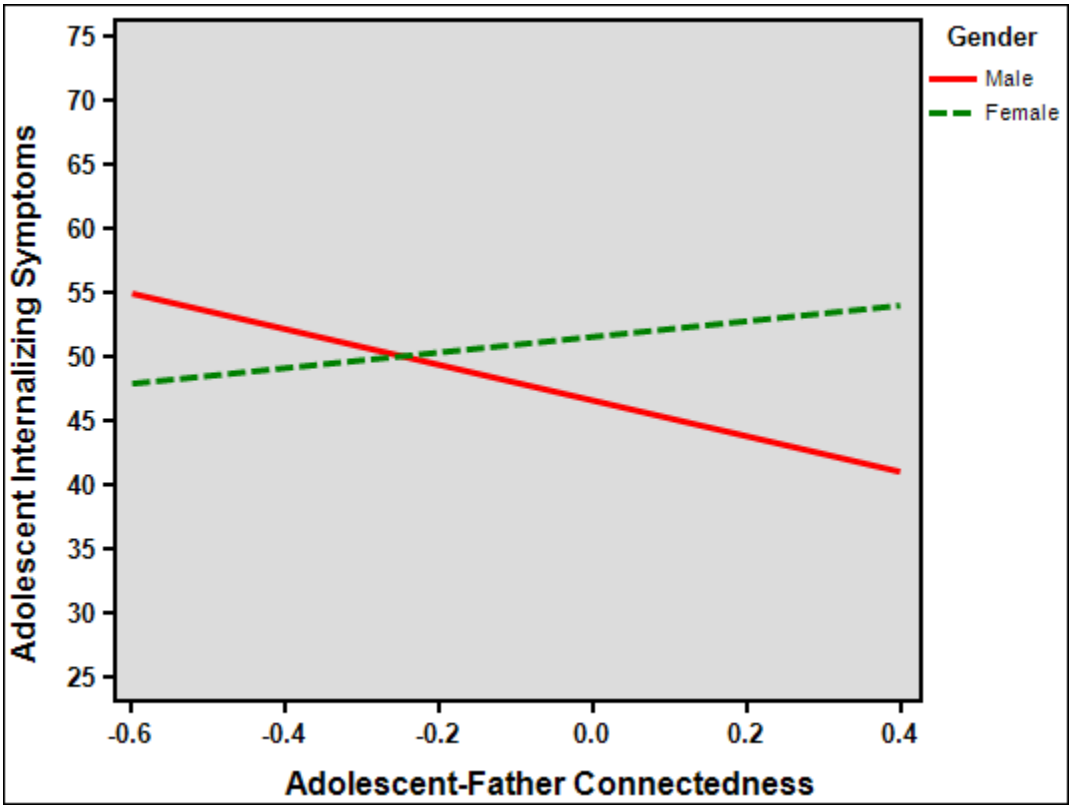


Figure 3. Age, Gender, Mother-Adolescent Connectedness, and GenderXConnectedness Predicting Adolescent Internalizing Symptoms.

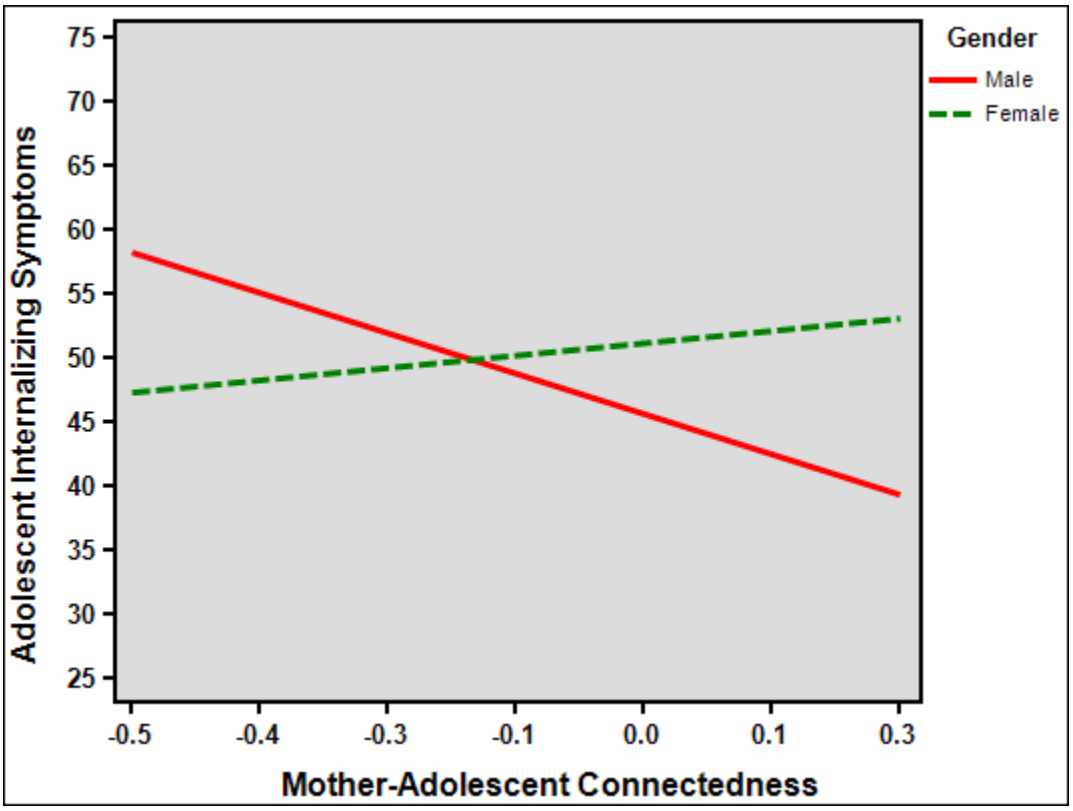
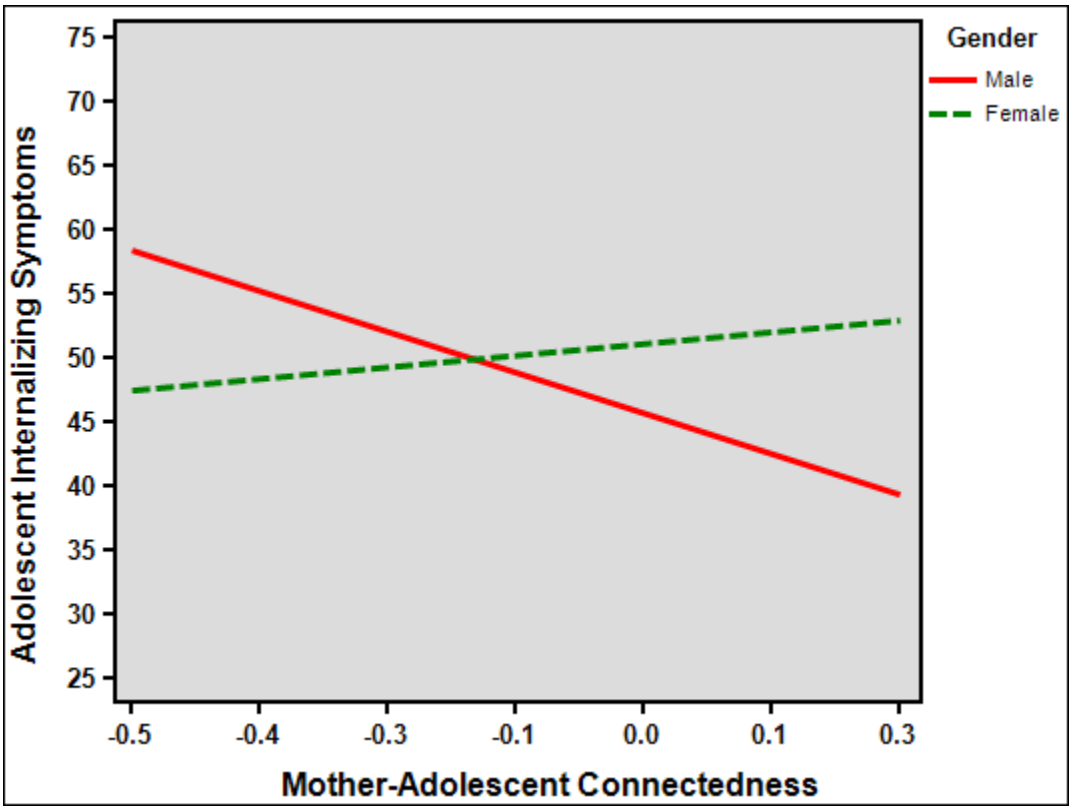


Figure 4. Age, Gender, Mother-Adolescent Connectedness, Father-Adolescent Connectedness and GenderXConnectedness Predicting Adolescent Internalizing Symptoms.



APPENDIX

CODEBOOK FOR THE

INDIVIDUALITY AND CONNECTEDNESS Q-SORT:

A MEASURE FOR ASSESSING

INDIVIDUALITY & CONNECTEDNESS IN DYADIC RELATIONSHIPS

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Table of Contents

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SECTION I:

INTRODUCTION TO THE FAMILY INTERACTION TASK: Q-SORT METHODOLOGY IN THE ASSESSMENT OF INDIVIDUALITY AND CONNECTEDNESS

This codebook is designed to introduce you to information regarding coding family interaction. The introduction section provides some background about Q-sort methodology and research on individuality and connectedness among families with adolescents. Subsequent sections will go into more detail about coding procedures and behavioral definitions

A Q-sort was chosen for the format of this instrument as (1) both frequency and salience are considered in the placement of items, (2) items could be written to include both the presence and absence of individuality and connectedness, and (3) the coding scheme is straightforward, as coders are not required to have detailed knowledge of either the norms or the theoretical underpinnings of items. In addition, with a fixed distribution Q-sort, there is less chance of response bias than with a standard rating scale which allows an unlimited number of items to be coded in each category.

An emerging stream of research is focused on the role individuality and connectedness among family members plays in adolescents intrapersonal and interpersonal competence (Bell & Bell, 1983; Cooper & Cooper, 1992; Cooper & Grotevant, 1987; Grotevant & Cooper, 1985; White, Speisman, & Costos, 1983; Youniss, 1983). Benson and Deal (1995) listed these same constructs as likely to play a major role in future research bridging the individual and the family. That "Families and individuals continually negotiate the twin demands of autonomy and connectedness across the stages of individual and family development" (Benson & Deal, 1995, p. 563) has been acknowledged by family scholars and by scholars of individual development by their inclusion of the interplay between these two constructs (in varying forms) in theory and research on individuals and families. Yet there are few instruments available to measure these constructs at the dyadic level. The ability to measure these concepts at the dyadic as opposed to the individual or family level is important because the quality of one's relationships can vary across dyads.

The ICQ consists of 35 items which assess the dimensions of individuality and connectedness in dyadic relationships. *Individuality* is defined as **being aware of one's own point of view and taking responsibility for communicating it clearly, and the ability to express differences between the self and others**. *Connectedness* is defined as **a sensitivity to and respect for the beliefs, feelings and ideas of others as well as a responsiveness or openness to the ideas of others** (Grotevant & Cooper, 1986). Cooper, Grotevant, and Condon (1983; Grotevant & Cooper, 1985, 1986) have developed a model of individuation based on the premise that psychological well-being includes

connectedness with others as well as a separate and distinct self. In this model individuation is defined as "a quality of dyadic relationships generated by both its members, and seen in the interplay between the individuality and connectedness of the partners" (Grotevant & Cooper, 1986, p. 87). The model proposes that the interplay between individuality and connectedness influences both individual and relational functioning within and beyond the family.

The 35 items, which comprise the ICQ, describe an individual's verbal communication within the context of a dyadic relationship. These items were selected on the basis of theoretical statements and consultation with colleagues. Items were worded so that the salience of an item would be expressed by its placement rather than directly by its wording; e.g., "asks for partner's opinion" instead of "often asks for partner's opinion" or "seldom asks for partner's opinion."

A criterion sort for each construct (individuality and connectedness) was developed by averaging the arrays of scores from eight professionals[1] familiar with the constructs, all of whom have conducted research in the field of adolescent development. Each professional sorted the items in the ICQ twice: once to describe most strongly the expression of individuality by one of the partners within a relationship and once to describe most strongly the expression of connectedness by one of the partners within a relationship. These criterion sorts (see Appendix A) can be used to assign scores to individuals for individuality and connectedness by computing the correlation between each criterion sort and the array of scores assigned as a description of the individual.

This codebook will present reliability and validity statistics, coding procedures, and examples that demonstrate the meaning of each Q-sort item.

[1]Criterion sorts were provided by Linda Bell, W. Andrew Collins, Per Gjerde, Harold Grotevant, Grayson Holmbeck, Dennis Papini, Sally Powers, and James Youniss.

RELIABILITY AND VALIDITY

The following section reports reliability and validity information for the earlier q-sort of dyadic marital interaction. We will follow similar procedures when working with the family interaction task data. Read this section to get the general idea of what is going on.

Correlations among the eight expert raters' sorts ranged from .73 to .92 for individuality and from .83 to .93 for connectedness with a mean intercorrelation among the raters of .85 for individuality and .89 for connectedness. The Spearman-Brown reliability coefficients of these composites exceeded .95 for each construct. The low correlation of .14 between the two criterion sorts indicates that individuality and connectedness, as operationally defined by the ICQ, are conceptually different constructs. The mean item placements of each item in the ICQ criterion sorts are listed in Appendix A.

Two coders independently used the ICQ to describe 23 sets of parent's verbal behavior. Inter-rater reliability between two coders' arrays of scores for these 46 individuals ranged from .65 to .92 with a mean of .80. To verify that each rater was picking up on differences among individuals instead of coding in an idiosyncratic or nondifferentiating manner, intra-rater reliability was calculated using a coder's array scores from random pairings of individuals. The intra-rater reliability of coder A ranged from -.06 to .95 with a mean of .51 and the intra-rater reliability of coder B ranged from -.03 to .83 with a mean of .52. The large range of intra-rater reliabilities for each coder, and the almost 30 point difference between the coders' average inter-rater reliability (.80) and their average intra-rater reliabilities (.51 & .52) indicate the coders were indeed picking up on individual differences instead of tending to view everyone in a similar manner. The reliability of the individual ICQ items (see Appendix B) was arrived at by calculating across the set of 46 pairings, separately for each item, the average inter-rater correlation and then applying the Spearman-Brown formula. Thirty-two of the thirty-five items had acceptable inter-rater reliability, which ranged from .39 to .93 with a mean of .72. Three items, 5, 6, and 32, had low inter-rater reliability: -.38, .26, and .06 respectively. Two of these three, item 5 (contradicts own point of view) and item 32 (responds relevantly to partner's conversation) had low variability in the group of parents coded for the validation study: each had a range of two out of a possible six point difference. While item 6 (demonstrates a clear point of view) had a four point range, 93 percent of the parents stayed within a two point range, with just three of the parents (i.e., 7 percent) maintaining the 3-4 point range. Thus, it appears that the low inter-rater reliability for these three items is due to the low variability of these items in this group of parents.

Construct validity was assessed by using the ICQ to rate a group of parents who were previously assessed on similar constructs (permeability, mutuality, separateness, and

direct self-assertion) using a micro coding method, the Family Discourse Code (Condon, Cooper, & Grotevant, 1984). The correlation between individuality as measured by the ICQ and separateness plus direct self-assertion as measured by the Family Discourse Code was .71 ($p < .001$) for the 23 mothers and .51 ($p < .01$) for the 23 fathers. The correlation between connectedness as measured by the ICQ and permeability plus mutuality as measured by the Family Discourse Code was .61 ($p < .001$) for the 23 fathers and .33 (ns) for the 23 mothers. However, this correlation for the mothers increases to .61 ($p < .001$), if the scores for the mother in Family 9 are disregarded and only the connectedness scores for the remaining 22 mothers are used. The mother from Family 9 is a good illustration of the possible increase in information to be gained by using the ICQ over the Family Discourse Code. This mother said "OK" five times as frequently as the other participants and thus received a very high connectedness score from the Family Discourse Code, as most of the times she said "OK," she earned another point for connectedness. However, most of the time when this mother said "OK," she said nothing more or moved right on to something else. Because of this, using the ICQ gave the mother a low connectedness score as Item 22, "minimally acknowledges other without showing interest in their ideas," was coded as very descriptive of this individual's verbal behavior in interaction with her husband. The Family Discourse Code uses only positive indicators of connectedness; the ICQ has items indicative of both positive markers and negative markers of connectedness and individuality. Because of this the Family Discourse Code score is only dependent on the number of positive markers, while with the ICQ, positive items can be offset by behaviors representative of negative markers. Thus, out of the 23 mothers coded with both the Family Discourse Code and the ICQ, the FPP coding gave the mother from Family 9 the highest score for connectedness, while her ICQ connectedness score was one of the lowest among these 23 mothers.

Observational Coding

We are coding observations of behavior at the individual and dyadic level. The behaviors are interested in involve how individuals interact with each other in terms of the content (what is said), process (how it is said) and affect (emotion) of communication. Our coding system is based on observed behavior (what we hear individuals say and how it is said). Our goal is to code behaviors that are observable and not to make coding decisions based on assumptions about the internal processes of the individuals observed. This means that coders should have concrete and observable evidence to support their coding decisions

In our coding we adhere to a standard definition for the behaviors we observe. Some of the definitions in this codebook may not match your own ideas about what certain behaviors look like. Each coder brings his/her own life and family experiences to the act of coding, a history which can influence how we define or feel about certain behaviors. However, it is important to set aside your personal definitions and to base your coding decisions on the operational definitions for each code. In order for our coding to be reliable and valid, each coder must use the coding scheme in the same manner across all individuals and families. While consistent coding that adheres to specified definitions is our goal, this cannot be achieved at all times. Therefore we have ongoing training meetings in which coders are able to discuss their thoughts, practice their coding, and give and receive feedback on their coding skills.

Each family interaction task is coded individually by two coders. Afterwards the two coders arrange a time for a consensus meeting. As time is important to all of us it is critical that coders are prepared for and on time for all meetings. Always call or email in advance if you will be late or need to cancel a meeting. At the meeting coders discuss and come to agreement on any discrepancies. Explanations and descriptions in the coding manual are used as a guide for resolving differences in perception of behaviors.

Individuality and Connectedness Q-Sort (ICQ)

The items in this codebook were developed to measure individuality and connectedness within the context of a dyadic relationship.

Each ICQ set or deck contains 35 cards. Each card contains a phrase having to do with an individual's verbal behavior within a dyadic relationship. The phrases will range from being more descriptive to less descriptive of each person you are coding for. By sorting the cards according to the instructions below, you will be able to show how descriptive or undescriptive each phrase is for each person in the relationship. “How descriptive” does not mean how frequently a behavior occurs but how **salient** it is in describing the individual's behavior. A behavior that is **salient** both *stands out* among that individual's array of behaviors, and also refers to the *influence* of the behavior within the relationship.

With the set of 35 Q-sort cards you have received 7 placeholder cards, with the following labels:

7. Most Descriptive.
6. Quite Descriptive.
5. Fairly Descriptive.
4. Neither Descriptive nor Undescriptive.
3. Fairly Undescriptive.
2. Quite Undescriptive.
1. Most Undescriptive.

Your task is to choose the 5 phrase cards that fit for each of these seven categories for the individual you are assessing.

Mechanics of Coding

Only code observed behavior. Do not make inferences about motivation for behaviors.

Consider the following dimensions of behavior when making decisions about how charateristic or uncharateristic a particular phrase is:

1. **Salience:** Salience refers to how important or influential the particular behavior is. In assessing degree of salience, consider whether the behavior stands out in relation to other behaviors as well as the degree of intensity or forcefulness of the behavior.
2. **Frequency:** Frequency refers to how often a behavior occurs.
3. **Proportion:** Out of all behaviors exhibited, how much does the individual engage in one particular behavior. For example, if a person speaks infrequently but most of the comments are sarcastic, rate higher on "uses derogatory or criticizing remarks or tone" because of the high proportion of this type of interaction.

Coding Procedure

1. Listen to the tape one time through to get a general overview of the interaction. Time how long you are listening. If the tape is longer than 20 minutes, make a line below the last utterance before 20 minutes is up. Unless there are special circumstances (group is slow to begin interacting at start of tape, the only father-adolescent interaction occurs after 20 min, etc.) only code the first 20 minutes of the tape.
2. Randomly select the first dyad you will code. Then randomly select the first focal. Continue this random selection process until all dyads (and focals) for the family are coded.
3. Listen to the tape and take notes for the first focal-partner dyad. Make any necessary corrections to the transcript. Your notes on the note taking sheet need to provide enough evidence to justify your coding decisions (statements, actions, behaviors). Do your first 3-pile sort when you think you have enough evidence to sort most of the 35 cards. You may need to listen to the tape several times to make your final 7-pile sorting decisions. Record the sort. After sorting for this dyad, listen to the tape and score the second focal of the dyad.
4. After sorting all dyads in the family you may want to revisit the sort you did for the first focal-partner dyad. This is fine. Sometimes our perception of behaviors changes after repeated close listening to the tape that is necessary to code all dyads.
5. If a tape is unusual for any reason, please bring it to my attention.

Sorting Procedure

1. Take the 35 phrase cards and shuffle them a bit first.

2. Arrange the pile marker cards in a row, going from 1 to 7.

   1 2 3 4 5 6 7

   (Most Undescriptive to Most Descriptive)

3. Listen to the recorded FIT, follow the transcript, and take notes for primary you are coding. After you decide you have enough evidence to make the first sort, take the shuffled deck of cards, and read the phrase on each card carefully. Then sort the cards into the following three piles:
   - those generally true or descriptive of the person
   - those neither descriptive or undescriptive of the person
   - those generally not true or undescriptive of the person.

   It doesn't make any difference how many cards you put in each of the three piles at this time, since you'll probably have to do some switching around later. But you may find it helpful if each pile contains about the same number of cards. Your phrase and marker cards should look something like this:

1 2 3 4 5 6 7

"Undescriptive" "Not Sure" "Descriptive"

Cards Cards Cards

   Listen to the FIT a third time, checking to be sure you have each card in the pile ("Descriptive", "Not Sure", or "Undescriptive") where you believe it belongs.

4. Listen to the FIT a third time paying special attention to phrases you need more evidence for or cards that you are unsure of where to place. After gathering more evidence, take the pile of "Descriptive" cards and pick out the 5 cards that are **"Most Descriptive"** of this person. Most descriptive does not mean the most frequently occurring behaviors but those that appear most **salient** in describing the individual's behavior. Put these cards in pile #7.

5. Next, from the cards that remain, pick out 5 cards that you think are **"Quite Descriptive"** of this person and put these on top of pile #6. (If you run out of cards from your "Descriptive" pile, you'll have to add some of the "More Descriptive" phrase cards from your "Not Sure" pile.

6. Now, begin at the other end. Take the pile of "Undescriptive" cards and pick out the 5 cards that are **"Most Undescriptive"** of this person. Put these in pile #1.

7. Then pick out the 5 cards which are **"Quite Undescriptive"** and put them in pile #2. (Again, you may need to "borrow" from your "Not Sure" pile to make the necessary 5 cards for envelope #2.)

8. You should now have 15 cards left over. These are now to be sorted into three piles:

   5 cards that are **"Fairly Descriptive"** of the individual go in the pile #5;

   5 cards that are **"Fairly Undescriptive"** of the individual go in the pile #3;

   5 cards that are **"Neither Descriptive nor Undescriptive"** go in the pile #4.

   You may find it hard to put this set number of cards in each pile, but we must ask you to follow these directions exactly, even if you feel limited by them.

   Check the transcript and listen to the FIT again as needed.

9. Now look over your sort to see it there are any changes you want to make. When the cards seem to belong where you have put them, double-check to be sure you have 5 cards in each of the seven piles.

10. Now record your codes:
    A) 1st record item numbers of the statements you have placed in each pile (within each pile, please list them from smallest to largest phrase #).
    B) 2nd record next to each phrase #, the number of the pile in which it has been placed.

Consensus Meetings

Consensus meetings should take place within one week of coding so that your memory of the interaction is still fresh.

Process:

a) Lay out placeholder cards and begin sorting coding cards into final sort.
b) Place those cards you both agree on in the correct pile.
c) Place cards that you are off by one on (coder A has a 6, coder B has a 7) between the 6 and 7 placeholder spaces, at the bottom of the final sort.
d) Place cards that are in the upper, middle, lower half or the sort (coder A has a 1, coder B has a 3 = lower; coder A has a 3, coder B has a 5 = middle) in their respective areas.
e) Place cards that are very far apart in a separate ("crapola") pile.
f) Begin consensus with the cards on which you are in closest in agreement.\
g) Refer to the codebook
h) Fill out back of consensus sheet, adding any comments that are necessary to understand the family and any emotional or other reactions you may have had to the dyads interaction, and complete the two rating (accuracy of code, amount of interaction)

Sometimes consensus meetings can get heated, other times they have you cracking up. Consensus meetings can be most effective when several things are kept in mind:

1. Begin each discussion with an open mind. Be assertive, polite and respectful.
2. The goal of resolving discrepancies is to come to an agreement about how to best characterize the behavior of an individual. You and your partner want to find the best card placement possible so that we have the most accurate portrait of behavior possible. Resolving disagreements is not about who is right.
3. Do not take decisions personally.
4. Disagreements are important opportunities to learn which codes are or are not working.
5. Step back from the issue under discussion. Look at "charateristicness" and code globally.

Refer to the codebook.

Section II:

Q-sort Item Definitions and Examples

1. STATES OWN OPINION OR SUGGESTION DIRECTLY (e.g., "I think")

Focal makes it clear that the suggestion is his/her own by choice of pronouns used: s/he uses "I" or "my" instead of "we", "our", or the third person use of "you think" or "people think". Takes responsibility for and clearly communicates own point of view. Also included in this category are statements in the form of an imperative or command with no pronoun. The position of "I" is implicit in an imperative statement. Be sure to code for how the respondent states opinions or suggestions as opposed to feelings.

Direct suggestion:

a. Well, I mean, my point is that we need to decide on transportation first.

b. Something I've always wanted to do, to go up to the northwest part of the country.

c. I'd like to go to Italy. (Note: here the use of "like" does not indicate a feeling)

Imperative or command:

a. Put fly to New York.
b. Go to a ballgame.

Notes:

I think we should go to the Grand Canyon.

**This is an "I" statement, not a "we" statement. The focal is telling other participants what he/she thinks they should do.

2. USES INCOMPLETE SENTENCES

The focal drifts off unfinished or goes on to a new idea without completing the first.

Look for sentence fragments that make it hard to understand what the speaker is trying to say. Look for incomplete statements that are not due to interruptions.

a. We'll take a--day one, we'll take off from Milwaukee to--where will we go to?
b. It's kind of hard because I'm not--my—
c. We should go to--

3. SPEAKS FIRST

The person is the first to respond to questions posed to the dyad (by partner or triad member) or is typically first to initiate a new topic. A new topic should jump out at you. For example if the family is discussing possible amusement parks to visit, suggesting Disney World in a long chain of other different amusement parks would not be a new topic. It would be new amusement park, but it would be just another example of the same kind of idea. In this instance a new topic might be the suggestion to visit all the art museums in Scandinavia or symphony halls in Europe.

First to respond:

F: Should we go to Athens?

A: Definitely!

M: # I #

A: # I've # always wanted to go there.

F: Should we take the cruise ship there?

A: Yeah! The one with the pool.

M: But won't it take too long?

**The adolescent responds first (before the mother) to all the father's questions.

First to initiate new topic:

M: Where should we go?

F: Maybe we should just spend more days in each one of those places.

M: I don't want to erase all that. I don't want to erase. (laughs) Let's just go some place else. We never go to Alaska.

A: Go to Greenland or something. You know, the *hot springs* they have there? We an go to the *hot springs*.

**The adolescent brings up the new topic of going to the hot springs

4. STATES OWN OPINION OR SUGGESTION TENTATIVELY

Uses questioning tone of voice, hesitancy, overuse of words/phrases as "I guess", "probably", "maybe", "I don't know". Listen for rising inflection at the end of a statement. Do not count when individual uses “we” as a form of down-playing own suggestions.

M: Where do you want to go?

A: I don’t know... Maybe, well, I guess Hawaii would be ok?

A: What do you want to do, dad?

F: Probably we should go to Europe, but I don’t know, I mean… I guess it might be nice.

5. CONTRADICTS OWN POINT OF VIEW OR POSITION

This behavior has to do with self-coherence. We are assessing the focal's own coherence or speaking style. The contradiction should be within the focal's own point of view or position, it should not be in response to a disagreement with a partner.

In contradicting one's own point of view, the focal should state a position, then at some point refute this position, or seem to soften or back away from position as earlier articulated. The focal may seem to disagree with him or herself. This may occur over the course of the FIT so consider the totality of focal's statements when coding.

A: I don't want to go to Europe.

M: Well, it's supposed to be a family vacation.

A: Yeah, but why don't we go to Africa or somewhere different. Everyone goes to Europe.

M: Justin.

A: Mom…

(a few pages later)

A: Why don't we go to the Louve?

M: Honey, that's in Paris, in Europe.

A: Yeah, but Paris is supposed to be awesome and the art's really cool. Courtney went there last summer.

M: Would you like to do that?

A: Totally.

**The adolescent's initial position is that he doesn't want to go to Europe, later he changes his mind and suggests going to Paris.

6. DEMONSTRATES A CLEAR POINT OF VIEW OR POSITION

To be rated high on this category the focal must both have a point of view or position and communicate this view clearly. It is hard to demonstrate a *clear* point of view if you do not demonstrate a point of view. A point of view is more than a statement of fact. A point of view includes (but is not limited to) statements in regards to: opinions, beliefs, desires, wants, needs, and positions. If a respondent rarely speaks, or does speak but only to agree with their partner, giving few opinions of his/her own, this item may not be very salient.

A focal might have a clear point of view or position about several kinds of things:

- a meta level view about how to accomplish the vacation planning task or how decisions should be made (e.g. "let's brainstorm before we write anything down", "I think we should all agree on each thing by voting because everyone should have equal input")
- a big picture idea about what should happen on the vacation or where family members should go (e.g. a participant consistently makes suggestions about one type of vacation plan, such as two-week safari, may meet resistance from other family members about this idea, but persists with this suggestion, offering input about different countries that have safaris, the cool animals there, reasons everyone would enjoy it, etc.)
- a clear idea about their own itinerary for the trip, for example: where to go, what to do, how to do it, what they would enjoy or dislike, etc.
- makes group's goals and ideas clearer by summarizing or bringing together ideas

F: Well, probably the best way to do this is to just start brainstorming.

M: ?—

F: Just jot down a bunch of places where I'd like to go, a bunch of places where Teddy would like to go and where you would like to go.

**Father's view is that the family should begin the task by brainstorming. Throughout the FIT the father tells the mother and adolescent how they should proceed.

A: Why do you want to go to Japan?

F: Well, I've always wanted to go. It's been a dream of mine since before your mom and I were married. We used to talk about going to see the cherry blossoms and finding a place to study yoga. I've also always wanted to visit some of the temples there. There's a lot of history and culture there and I think we'd all enjoy it. Besides, you could look up your friend Yoshi, the exchange student who was here last year. I think it would be a lot more satisfying to us all than going to Hawaii. Besides, we can always go to Hawaii on our own.

**Here the father has a clear point of view regarding what he'd like to do that he supports with different examples. This is also an example of making a comment and explaining it (item 27).

7. RARELY SPEAKS

Focal rarely answers or makes minimal response with little elaboration of comments. In thinking about this behavior, consider the number of times the focal speaks and how the focal speaks in relation to other family members engaged in the task.

Look for one word answers to partner's questions and little interaction between focal and partners.

For examples of this, look at the transcripts from the following families:

1101 - The mother in this FIT rarely speaks, the father and son do most of the vacation planning.

3309 - The father and mother continually try to get the adolescent involved however he is mostly unengaged in the interaction task.

8. DISAGREES WITH OR CHALLENGES PARTNER'S IDEAS DIRECTLY OR INDIRECTLY

Disagreement may be clearly and openly stated, or disagreement may be indirect or implied (e.g., "Why...?, "How about...?", "Are you sure?"). Challenges are tests of an idea, usually in question form, that are meant to undermine the feasibility or adequacy of the idea in light of other facts.

The major problem is distinguishing challenges from requests for information or relevant comments that do not have the disagreeing function. For example, the question "How far is it to Spain from Paris?" made in response to a suggestion of going to Spain from Paris may be a simple request for information, or it may be a challenge. Distinguish the difference by determining whether the person has in mind an answer which is incompatible with the suggestion or has negative impact on the feasibility of carrying out the suggestion. If the question was "Isn't it awfully far from Paris to Spain?", we could be reasonably certain that the person has in mind that it is too far from Paris to Spain to accept the suggestion. The use of isn't it awfully makes it clear that the speaker already has an answer in mind. Compare this with "How far is it from Paris to Spain?", where it is not possible to determine that a challenge is involved.

We *do not count a challenge unless we are reasonably certain that it is one*. Sometimes we can tell that a challenge has occurred because the disagreement comes out more clearly in subsequent interaction. Sometimes participants' responses to the challenge make it clear that a challenge has been made. Although this discussion has centered on challenges in question form, similar criteria hold for challenges in statement form.

M: -Washington Cathedral

A: It's the dumbest idea.

**The adolescent disagrees with the mother's suggestion.

M: I'm going to put Smithsonian-

A: No.

M: -Museum #with the Air and Space#

A: #No, no. Just # leave it.

F: What?

A: Leave it.

M: Because you know there's also--

A: I don’t care.

M: The history, Natural History--I mean, there’s lots of buildings

F: The Smithsonian

A: I don’t care.

**Adolescent disagrees with mother’s suggestion to put down going to the Smithsonian, and then switches to “I don’t care” in response to father’s and mother’s continued suggestions.

9. STATES OWN OPINION ONLY WHEN DIRECTLY ASKED

The focal only gives his/her own opinion or point of view when asked. To get an opinion from the focal a dyad partner needs to ask "Do you agree?" or "What do you think?" The focal may engage in and initiate some conversation that does not include his/her own opinion.

F: You want to go on this vacation? Go hunting? Skeet shooting?

A: Yeah. Sure.

F: See a basketball game? Soccer? How about ski?

M: Do you want to go skiing?

A: Nope.

F: Do you want... Nothing more to say?

M: Could we shop?

A: I don't know. Probably.

**In this interview the adolescent rarely volunteers own ideas or opinions; most often grudgingly participates when directly asked by a parent.

10. LETS PARTNER DO THE SPEAKING FOR THEM

Focal does not add input to partner's response (e.g. responds with "That sounds good to me."). When asked a question by one member of conversation, may ask another person to answer for them (e.g. when father asks mother where she'd like to go, mother asks adolescent, "Why don't you answer this one?"). There should be some indication that they either turned the question over to their partner to answer or feel more comfortable with their partner answering instead having to answer themselves.

M: We rent a limo and they take us shopping for all the things we need for our cruise.

A: Ah-hah! Ok, that sounds good.

M: Dad's not saying anything.

F: (laughs)

A: While Dad is at the beach.

F: Hm.

M: So what is day 2?

**Both mother and adolescent speak for father. Their announcements provide an opportunity for the father to engage in the conversation by agreeing or disagreeing with their assessment of his feelings and opinions, however father makes minimal responses after they speak for him.

F: Where do you think we should go, Chris?

M: I don't know, why don't you decide Sam?

A: Well, we've always talked about going to Australia.

M: That sounds good to me.

**Here the mother turns the decision of where to go over to the adolescent. She then indicates her agreement with the adolescent's suggestion. Throughout the FIT the mother is hesitant to make her own suggestions and enlists the adolescent to make decisions or offer suggestions which she then agrees with.

11. USES THE WORDS "WE" OR "OUR" WHEN EXPRESSING FEELINGS

This code refers to feelings, such as words used express an emotional response to circumstances or events. Use of "we feel" does not guarantee respondent will follow through with a feeling instead of an opinion. You are not coding for how often they speak of feelings, but for what pronouns are used when they do.

Decision rule: If feelings are not mentioned in the FIT, then there is no chance to use any type of pronoun in relation to the expression of feelings and this card would probably be placed in pile #4.

F: What should we do then?

M: Oh, I think you should go golfing and we'll go shopping. We love shopping together.

F: Would you?

A: Sure.

M: We always enjoy doing that together.

**The mother speaks for the adolescent, describing what she "loves" and "enjoys".

12. USES THE WORDS "I" OR "MY" WHEN EXPRESSING OWN FEELINGS

This code refers to feelings, such as words used express an emotional response to an opinion or suggestion. Use of "I feel" or "I think" does not guarantee the respondent will follow through with a feeling or instead of an opinion or suggestion. You are not coding for how often they speak of feelings, but for what pronouns are used when they do.

Decision rule: If feelings are not mentioned in the FIT, then there is no chance to use any type of pronoun in relation to the expression of feelings and this card would probably be placed in pile #4.

M: I love to sit in my...I love to sit at the table in my own house and look out and see all the birds.

**Mother states what she "loves" to do.

A: Oh, yeah, I love Italy. I love the boats, the gondolas.

**Adolescent uses "I" to state her feelings about Italy and gondolas.

13. KEEPS THE SAME OPINION OR SUGGESTION WHEN CHALLENGED BY PARTNER

This code assesses the outcome of the disagreement or challenge – does the focal keep or change an opinion or position? In for this behavior to occur, the focal needs to have an opinion, idea, suggestion, or position that the partner challenges, and the focal needs to keep the same position after the partner's challenge. Challenges may be direct or indirect. It may be necessary to consider the entire FIT in order to determine whether an opinion, idea, suggestion or position is kept.

Decision rule: If the partner is challenged but doesn't ever restate their position on the point at issue, this would be coded in pile #4, as you cannot then determine if they kept their own opinion or changed it.

M: Ok. Ok, now, where do you want to go? Greenland?

A: Hm, # Iceland. #

F: # Greenland's not # in Europe, though.

A: Iceland. So?

M: You want to go # to Iceland? #

A: # Yeah, it is. #

F: No, Greenland's above the United States.

A: I said Iceland.

F: Ma said Greeland.

A: Oh.

M: I thought that's what you said. Where do you want to go? Iceland?

F: What do you want to do in Iceland?

A: Go swim in the hot springs.

**Father challenges adolescent's suggestion to go to Iceland. In this selection, adolescent persists in suggesting going to Iceland. Although this ideas is not taken up by the family at this time, later on in the FIT the adolescent reiterates the desire to go to Iceland, and the family puts this on the vacation plan.

M: We'll get there the next day.

A: It won't take that long to get there.

M: I think the flight's at least 12 hours.

A: Don't we change time zones.

M: No, that's on the way back. We'll get there early the next day.

**The adolescent challenges the mother's sense of how long the flight will take, but the mother keeps her opinion that the family will arrive the next day.

14. USES THE WORDS "WE" OR "OUR" WHEN EXPRESSING OPINIONS OR SUGGESTIONS

Code for the type of pronoun used when expressing opinions. Do not code for how often the person expresses opinions, but whether this person only speaks for him/herself or if they also speak for their partner.

a. Let's go to California.
b. We could go to Yellowstone.
c. We don't have time to do all that.

M: Wait a second, wait a second, wait a second. We gotta do this democratically, ok?

**Mother begins with command, "Wait a second" which is a type of "I" suggestion. In the second part of her exchange she uses "we", instead of owning her own suggestion by saying something like "I think we should…"

M: Now, 14 days, anywhere we want to go. Ok.

A: Daddy wants to go on a cruise.

M: I agree. I think we should all go on a cruise. Now, we have to pick out where we're going to start. And we have to fly from here to somewhere to get onto our cruise boat.

**Mother uses "we" when discussing what she thinks the family should do. The first two sentences of her last exchange are "I" statements, the last two are "we" statements.

15. RAMBLES ON AND ON (over-elaboration)

Listen for unnecessary repetition, excessive detail, and the speaker going beyond what is necessary for making the point. This is not looking at losing the focus, that is a different item. A person can ramble on and on and still stay focused on the topic or they can ramble on and on having lost their focus on the topic.

F: So just the morning?

A: That takes all day. It's Napoleon's grave and we should really see it. It's really cool. I've heard all about it in history. He was--he was burnt and his ashes are in a little thing that's surrounded by 7 layers of stuff. One's red and one's green and—Oh, sorry. Ok.

**The adolescent says more than is needed when explaining why visiting the grave will take more than the morning. At the end of his monologue the adolescent acknowledges that he was rambling by saying "Oh, sorry. Ok."

16. LOSES TRACK OF FOCUS

This is coded in regard to interaction among all family members participating in the FIT, not just the interaction between the focal and partner. This code refers to loss of focus due to **lack of attention**. The loss of focus is **unintentional**. Focal has difficulty staying on topic; forgets decision being discussed. The focal seems unable to track the direction of the discussion, or to contribute to the discussion in a way that shows they are attending to what the topic is or the process that is underway. This item is not looking at rambling.

A: There's the statue of Washington.

M: Hm?

A: Oh, never mind. That's in the park. Oh, what was the other one I thought of?

M: In D.C.

A: Weren't we going to Boston first?

M: No, we just decided D.C.

**Here the adolescent is having trouble staying on track in the conversation.

17. VALIDATES PARTNER'S OPINION/IDEA/SUGGESTION/POSITION

Focal supports or corroborates partner's input. Validation can include agreement, but moves beyond a simple agreement such as "yeah" or "great" by supporting the partner's input. Validation can also occur without agreement when the respondent shows respect or empathy for partner's input. Examples of validation include:

- perspective-taking, empathy, respect - respondent shows understanding of partner's input
- encouragement, supportive or positive comment, complex agreement - "That's a great idea, I really think we'd enjoy going to Zanzibar."

F: Go to Moscow. No? How about Czechoslovakia?

M: Oh, yeah. They have a lot of stuff going on there now that I would like to see, too.

**Mother provides simple agreement (oh, yeah), incorporates and acknowledges the father's idea of Czechoslovakia, and builds upon it, adding that there's a lot of stuff going on there that she'd like to see.

M: I'd really prefer to take the train.

A: That's a great idea. Then we could see Glacier National Park.

**Adolescent supports mother's idea, telling her it's "great" and then builds upon idea.

18. ASKS FOR PARTNER'S OPINION/SUGGESTION/IDEA

This can be a direct or indirect request for an opinion, suggestion, or idea; sometimes it may sound as if the person is asking for their partner's feeling, i.e.: "How do you feel about that?", when they mean, "What do you think about that?" Do not code requests for feelings.

a. What do you think mom?

b. Where do you want to go?

c. How long will that take?

d. What will we do the next day?

M: You want to tour Europe?

A: You seemed interested. I'd kinda like to...

**Mother asks for adolescent's opinion.

19. SHIFTS TOPIC OR MOVES TOPIC AWAY FROM PARTNER'S MAIN POINT

Responds to partner's suggestion or idea with a subtle or overt shift to another topic completely, or to a smaller or less important side of the same idea. Shifts of topic are **intentional "moves"** by the respondent, whereas losing track of focus is unintentional and due to lack of attention.

F: While we're doing this, we're going to call out to the airport and reserve a plane.

M: We're going to fly?

F: Yeah.

M: And have a pilot.

F: We're going to have a pilot and reserve the plane.

A: We'll have to parachute.

F: No, the pilot will fly us to Rome, we're not going to parachute.

A: We should parachute. We could land in a square or something. Have parachutes the color of our flag, or the Italian flag?

F: We'll land in Rome and go to the cathedrals.

**Father and mother are discussing using a plane for the vacation. Adolescent shifts off this main topic by talking about parachuting.

A: I want to go snorkeling.

M: That would be fun.

A: There are so many cool fish there. Even pretty close in you can see a lot. We could rent the stuff there. Kelly told me all about it and I saw some of her pictures. The fish are all different colors and stuff.

F: Maybe we should bring the gear from home.

A: There's coral and stuff too, really cool. And you can get really close.

F: I know we could get a good deal at Wal-Mart.

**Here the father is shifting the discussion off the adolescent's main topic about snorkeling and how cool the fish are. The father wants to talk about the lesser issues of buying snorkeling gear at home or renting it there.

20. IGNORES PARTNER'S REQUEST OR ENCOURAGEMENT TO SPEAK

Focal makes no response or speaks on own issue. The focal is somehow invited or encouraged to speak and remains silent or speaks on an issue that is not relevant to what their partner has just said. If their partner never requests that they speak, you can not know how they would respond and this item would go in pile #4.

A: All right, where do we want to go?

F: Well, I thought you said you had decided.

**Adolescent asks parents where they would like to go. Father ignores this request by turning it back on the adolescent, saying that the decision had already been made.

F: Does that sound good to you, Monica? Alaska?

S: I'm going to wear this shirt to Alaska.

**Father asks Monica about whether she'd like to go to Alaska. Monica doesn't answer, instead her sister volunteers information about her shirt. In the following two pages of transcript, Monica continues to ignore her parents' encouragement to speak and does not begin to participate until page 3.

M: What would you like to do in Florence?
A: I don't know.
M: Well, we'll be there two days. Go to a plaza?
A: (silence)
M: See some of the art? Michaelangelo?
A: Mmm.
F: What should we do?
M: Why don't we go to a museum.

**The adolescent does not respond, or responds only minimally ('I don't know', 'Mmm') to parents' bids for input.

21. INITIATES COMPROMISE

Focal makes comment to diminish strength of disagreement, and bring disparate thinking closer together. For example, one partner could make a suggestion that integrates the differing opinions of two other partners, or serves to meet the entire family's goals. Disagreements can include those that are about solutions to the task, such as where to go, or management of the task, such as who will write items down. The focal can initiate compromise or bring together disparate thinking between him/herself and the partner, or between the other two participants in the task.

Decision rule: If there is no disagreement, there is not an opportunity for them to initiate compromise and this item would fall into pile #4.

F: Well you can ski. I don't care.

A: # I don't care. #

M: # And Dad will # sit in the hotel # and watch TV. #

F: # I'll stay in the hotel and drink # wine. (laughs) Watch you ski.

A: There's got--ooh, he fell down the hill.

M: No, we should probably do something that we all can do.

**Mother initiates a compromise to do something else besides skiing.

A: But I really want to go to the Bahamas.

M: We've already been there, let's go somewhere different.

A: No.

F: We can take Cindy to the Bahamas and then we can go wherever you want to go.

**Adolescent and mother are disagreeing about where to go. Father offers a compromise that might fulfill both of their desires.

22. MINIMALLY ACKNOWLEDGES OTHER WITHOUT SHOWING INTEREST IN THEIR IDEAS

Only says "yeah" or "Uh huh" and nothing more, or says one of these but then proceeds to talk on another point instead of adding to, supporting, or asking for more information on what their partner has just said. Can serve the function of the focal letting the talker know he/she is heard. Can also be the repetition of an utterance, which when made in response to the utterance signals that the utterance has been received.

M: Let's go to Spain.

F: Spain. I think Portugal would be fun.

**The father repeats "Spain", letting mother know he heard her, but then suggests Portugal.

A: # I know, but # it would be closer going to New Zealand, then to Australia, and then all the way to Hawaii instead of--

F: Ok, whatever.

**Father acknowledges adolescent's idea, but doesn't build on the suggestion and minimizing the acknowledgement by adding on the word "whatever".

24. INCORPORATES PARTNER'S IDEAS INTO HIS/HER RESPONSE

Uses part (or all) of what his/her partner has stated and includes those ideas in formulating a response or a new suggestion or idea. Do not include when an focal restates what their partner has said in order to disagree with them. However, incorporation doesn't have to include agreement, it can also be a neutral statement.

M: Ok, what would we do in Italy?

A: Watch soccer

F: Soccer #is very famous there.#

M: #Ok, I'll put soccer.# Ok, we'll watch soccer, soccer games.

**Both father and mother incorporate adolescent's idea of watching soccer.

F: We have two weeks.

A: We have two weeks so we can go all around the world.

**Adolescent uses fathers statement of "two weeks" and incorporates this idea in regards to how far the family can travel with this amount of time.

F: Ok, and then what are we going to do there? Hang out at a resort.

A: # Ok. #

M: # First class # resort. Put that down, too.

**Mother uses father's idea of staying at a resort by specifying that the resort should be "first class".

25. SPEAKS IN A WAY THAT LEAVES LITTLE ROOM FOR PARTNER'S INPUT

Makes statements with an air of finality, dominates conversation, speaks at great length in response to each question; may seem to establish a relationship with other triad partner that excludes the dyad partner; may make comments that seem to silence the partner.

F: I think we should spend the rest of the time in the Smithsonian Institute.

A: No, let's go to California.

M: We just # voted you out there #.

F: # A full week—you don't have to go from Florida to California. We have to start-

M: # You can say your opinion, we just aren't recognizing it #.

**The mother makes comments that align herself more with the adolescent and that exclude the father's ideas.

M: I'd love to see some of the fine art there.

F: We could spend a day at the Louvre.

M: Oh, that would be lovely. And then go to that little dinner place on the island.

A: # What about #

F: # What was # that cheese we had there?

M: The stinky one?

A: I want to # go to the -- #

F: # Oh #, Stilton?

M: No, that's English.

A: I want to see the Eiffel tower.

M: What Tommy?

A: The Eiffel tower.

M: Oh, that's just too touristy. Everyone does that, don't they Herb.

**The mother and father are on a role, planning out a day in France, while ignoring their son's attempt to break into their conversation to tell them what he wants to do.

26. AGREES WITH PARTNER'S OPINION/IDEA/SUGGESTION

Speaks briefly or at length expressing simple direct or indirect agreement with partner's opinion. More that minimal acknowledgement.

F: This needs serious logistics here.

A: Yeah, I think so.

F: Let's fly back to New York and spend a day there and go to a Broadway play.

**Adolescent agrees with father.

A: Let's go to New Zealand.

M: Ok.

A: I've always wanted to go there.

F: Me too.

M: Yep.

**Both mother and father agree with adolescent's suggestions and statement.

27. MAKES COMMENTS AND EXPLAINS THEM

Focal's comments show a connection of ideas and a relevant train of thought. When answering questions or making statements the individual's speech shows a good degree of explanation and elaboration.

F: # I think we ought to go to # Australia first, but that's all right.

A: Why? You want to go to Australia or # you want to go to--#

F: # Australia's # on the way.

A: I know, but –

M: Then we'd have to double back at this point.

A: # Yeah, right. We'd double back--#

F: # Well, but then we go from New Zealand # to Hawaii. Keep going east. I mean—yeah, keep going east. So get to Australia, east to New Zealand—little bit southeast. Then you go northeast to Hawaii. Almost straight north, actually, to Hawaii from there.

**Father explains his point in response to questions from adolescent.

28. SEEMS TO UNDERSTAND PARTNER'S FEELINGS

Focal's comments suggest a willingness to accept partner's right to his/her own feelings. Totality of respondent's statements reflect an empathy for, or understanding and acceptance of partner's feelings, not their understanding or acceptance of their partner's opinions.

Decision rule: If the partner does not express any feelings, there is no opportunity for the respondent to understand the partner's feelings and this would fall in pile #4.

M: No, I didn't. Ok. I see what I did.

A: It's ok, Mom.

**Previously during the interaction, mother made several mistakes when writing the plans down and then told father and adolescent that it had been a long day and that she was tired. Mother continues to make mistakes and here the adolescent shows understanding for her feelings of tiredness by telling her that "it's ok".

29. USES DEROGATORY OR CRITICIZING REMARKS OR TONE

Uses sarcasm, unfriendly tone, ridicule; belittling in remarks and/or tone to partner. Depending upon tone of voice and intent, teasing may also fall into this category.

A: Are we going to write this down?

F: Well, we've got plenty of time. We can – let's get a plan, then we'll write it down. You might change your mind again like you did on that first one.

**Father makes derogatory comment to adolescent, criticizing her for changing her mind.

M: It's a large grand tour.

A: Quit staring at me.

M: Well, you're the one that knows Paris.

**Adolescent uses unfriendly tone with mother, telling her to stop staring. Mother comes right back with sarcastic comment to adolescent.

30. INTERRUPTS PARTNER IN A WAY THAT CUTS PARTNER OFF

Focal interrupts with the effect of discontinuing the flow of the partner's thoughts and speech; be aware that sometimes interruptions may be a sign of spontaneous collaboration rather than cutting the partner off.

A: Let's take the ferry across to #
M: # I really want # to take the train. The countryside is lovely in the summer. I know there are some little villages along the way. We could stop at a bed and breakfast.

A: How big are the villages?

**Mother cuts off adolescent's train of thought. The next utterance by the adolescent is connected to mother's previous statement. We never learn where adolescent wanted to take the ferry.

F: I really don't think that's a good idea. It would take too long and we've #

M: # Oh, I think we'd # love it. Remember last summer, we took that hike up in Colorado. I'm sure it's not anymore strenuous. I'm sure they have guided trips or something. I mean it's the Alps. I sure people do this kind of thing all the time. We could look on the WEB.

A: We could get a Swiss sherpa.

F: (laughs) Ok, we'll go to Switzerland.

**Mother cuts off father's disagreement. We never know what he was going to say.

31. ATTEMPTS TO HELP PARTNER CLARIFY HIS/HER THOUGHTS

Focal speaks to clarify partner's incomplete, unclear, or hesitant thoughts (comments, ideas, suggestions, opinions).

Decision rule: If partner never speaks in a manner that would lend itself to clarification, this item would fall into pile #4 as we would not be able to tell how they would act if the partner did speak in such a manner.

M: Just say anything, wherever you want.

A: Anything?

M: Money's no object. We can fly. We can go on a boat, whatever. Say something. Where would you like to go?

A: I don't care.

F: I'd like to go to Hawaii or Europe. Which would you like to go to?

M: Either one. You can go different places.

A: I know. You can go--you can go to both of them.

** Mother helps adolescent understand nature of the task and to formulate thoughts about where he'd like to go.

32. RESPONDS RELEVANTLY TO PARTNER'S CONVERSATION

Focal speaks in a way that indicates attention to partner's comments. Relevant implies a traceable, significant, logical connection of ideas that relate to or bear on the matter at hand. Responding relevantly does not imply agreement, as disagreements can be a type of relevant response.

Relevant responses:

F: What's the name of that new hotel? There's a new fancy one there.

A: Octagon or something?

F: No, the Pentagon.

M: Pyramid?

F: I know they've got the Pyramid. But it's uh--

A: I know what you're talking about. Todd just got back from there.

M: Stay at fancy hotel. The end.

**All three participants are tracking the conversation, collaborating with each other to find the name of hotel father is interested in or come up with another suggestion they can agree upon.

Irrelevant responses:

a. Please pass the cookies.
b. The dog wants out.
c. You know, we're missing 60 minutes.

A: We want to see the Hotel des Invalides.

M: I wish we knew how to spell these things.

A: Hotel—

M: You're the one taking French. You're supposed to know how to spell all this, right?

**The mother comment about spelling is irrelevant to the adolescent's suggestion about the hotel.

33. SPEAKS IN PARALLEL WITH PARTNER

Both the primary and the partner speak, but it is almost as if they did not hear what the other said. They make no reference to what the other said. Each one's statements could stand on their own and be understood without hearing the partner's responses. Also includes instances when the primary and partner speak over one another on the same idea or similar wavelength.

Does not include speaking over one another when disagreeing.

F: So start out in Paris

M: We'll go to Paris—

F: So fly to Paris first day.

**Both mother and father are saying basically the same thing.

34. IS OPEN TO FURTHER DISCUSSION OF ISSUE WHEN CHALLENGED BY PARTNER

This is about the process of the disagreement and answers the question, "Is the respondent open to the discussion of a disagreement." This code does not refer to whether or not the respondent keeps or changes his/her position or opinion. This does not imply they will change their mind, only that they are willing to dialogue about the topic of disagreement.

F: Let's come back the last 4 or 5 days and go to Disney World and play golf.

A: No

M: No

F: No? (laughs)

M: We've done that already (laughs)

F: We haven't golfed there.

M: I don't want to do that. That's –

F: What else is in Europe? I don't want to go to Spain. They have bullfights. Um...

M: Where should we go?

F: Maybe we should just spend more time in each one of those places?

**Father is open to more discussion when challenged about his suggestions to play golf or to go to Spain.

35. MONOLOGUES WITHOUT ACKNOWLEDGMENT OF OTHER'S ATTEMPTS TO SPEAK

This is looking at how the focal responds to their partner, not if they monologue. Thus if the focal does not monologue or monologues but their partner does not try to speak, this item would likely fall somewhere is the middle. However, as always, it also depends on how salient the other items are for the focal.

This can include instances in which the focal does not recognize or acknowledge the partner's attempts to speak or to give input.

A focal that dominated most of the interaction and didn't let the partner speak would be high on this item.

Appendix A: Individuality and Connectedness Criterion Sorts

Item Scores of the criterion Sorts	Item value	
Q-item	Individuality	Connectedness
06. Demonstrates a clear point of view	7.00	4.25
01. States own opinion directly	7.00	4.00
08. Disagrees with or challenges partner's ideas	6.88	2.62
27. Makes comments and explains them	6.75	5.63
12. Uses the words "I" or "my" when expressing own feelings	6.50	3.25
03. Speaks first	6.25	3.25
13. Keeps the same opinion when challenged by partner	6.25	2.38
32. Responds relevantly to partner's conversation	5.63	6.00
23. Alternates listening and speaking	5.50	6.00
34. When challenged is open to further discussion	5.38	6.13
25. Leaves little room for partner's input	5.13	1.25
35. Monologues without acknowledgement of partner's attempts to speak	5.00	1.38
33. Speaks in parallel with partner	4.50	2.38
21. Initiates compromise	4.25	6.25
31. Attempts to help partner clarify his/her thoughts	4.13	6.38
19. Shifts topic off partner's main point	4.13	1.63
18. Asks for partner's opinion	4.13	6.50
28. Seems to understand partner's feelings	4.00	6.62
24. Incorporates partner's ideas into his/her response	4.00	6.63
22. Minimally acknowledges other without showing interest in their ideas	4.00	1.38
17. Validates partner's opinion	3.88	6.75
29. Uses derogatory or criticizing remarks or tone	3.63	1.00
26. Agrees with partner's opinion	3.63	5.63

30. Interrupts partner in a way that cuts partner off	3.50	1.25
15. Rambles on and on (over-elaboration)	3.00	2.88
20. Ignores partner's request or encouragement to speak	2.75	1.13
02. Uses incomplete sentences	1.75	3.88
07. Rarely speaks	1.63	2.75
04. States own opinion tentatively	1.63	4.50
14. Uses the words "we" or "our" when expressing opinions	1.50	5.75
11. Uses the words "we" or "our" when expressing feelings	1.50	5.75
09. States own opinion only when directly asked	1.50	3.25
16. Loses track of focus	1.38	3.75
05. Contradicts own point of view	1.38	4.00
10. Lets partner do the speaking for them	1.00	3.88

Note. Criterion item scores were constructed by averaging the scores assigned to the items by each of the eight expert raters. The items were sorted into seven piles with five items in each pile. Items in pile seven (most characteristic) received scores of 7, down to the items in pile one (most uncharacteristic) which received scores of 1.

Appendix B: Item Reliability

Item Reliability for the Individuality and Connectedness Q-sort (ICQ)

Q-item	Inter-rater Agreement[s]
01. States own opinion directly	.85
02. Uses incomplete sentences	.65
03. Speaks first	.80
04. States own opinion tentatively	.60
05. Contradicts own point of view	-.38
06. Demonstrates a clear point of view	.26
07. Rarely speaks	.93
08. Disagrees with or challenges partner's ideas	.67
09. States own opinion only when directly asked	.90
10. Lets partner do the speaking for them	.89
11. Uses the words "we" or "our" when expressing feelings	.70
12. Uses the words "I" or "my" when expressing own feelings	.74
13. Keeps the same opinion when challenged by partner	.64
14. Uses the words "we" or "our" when expressing opinions	.89
15. Rambles on and on (over-elaboration)	.85
16. Loses track of focus	.71
17. Validates partner's opinion	.76
18. Asks for partner's opinion	.81
19. Shifts topic off partner's main point	.42
20. Ignores partner's request or encouragement to speak	.68
21. Initiates compromise	.66
22. Minimally acknowledges other without showing interest in their ideas	.62
23. Alternates listening and speaking	.77

24. Incorporates partner's ideas into his/her response	.74
25. Leaves little room for partner's input	.81
26. Agrees with partner's opinion	.76
27. Makes comments and explains them	.90
28. Seems to understand partner's feelings	.55
29. Uses derogatory or criticizing remarks or tone	.83
30. Interrupts partner in a way that cuts partner off	.56
31. Attempts to help partner clarify his/her thoughts	.39
32. Responds relevantly to partner's conversation	.06
33. Speaks in parallel with partner	.79
34. When challenged is open to further discussion	.70
35. Monologues without acknowledgement of partner's attempts to speak	.56

Note. Criterion item scores were constructed by averaging the scores assigned to the items by each of the eight expert raters. The items were sorted into seven piles with five items in each pile. Items in pile seven (most characteristic) received scores of 7, down to the items in pile one (most uncharacteristic) which received scores of 1.

[a]Spearman-Brown correlation for two coders

INDIVIDUALITY AND CONNECTEDNESS Q-SORT

Primary: mother | father | adolescent

Partner: mother | father | adolescent

CODE SHEET A-2 (within each column list from smallest to largest number)

1	2	3	4	5	6	7
MOST UN-DECRIPTIVE	QUITE UN-DESCRIPTIVE	FAIRLY UN-DESCRIPTIVE	NEITHER UN-DESCRIPTIVE NOR DESCRIPTIVE	FAIRLY DESCRIPTIVE	QUITE DESCRIPTIVE	MOST DESCRIPTIVE

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Family Interaction Task -- Instructions

I have a problem that I would like you to solve together. I would like you to imagine that you have two weeks and unlimited funds available for a family vacation. Your job will be to plan the vacation day-by-day. Here is a sheet of paper with 14 spaces, one for each day of the two weeks. In the left-hand column of each space, I would like you to record the geographic location of each day's activity. In the right-hand column of each space, list the specific activity or activities planned for each day. Here is some scratch paper, but I would like your final plan to be listed on the sheet with the spaces.

You will have 20 minutes to make your decision. When you are ready, I will turn on the tape recorder and go read in the other room. If you finish before the 20 minutes are up, please come get me. Are there any questions?

	Location	Activities
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		
Day 8		
Day 9		
Day 10		
Day 11		
Day 12		
Day 13		
Day 14		

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