

# Ethnic Differences in the Developmental Significance of Parentification

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*Using an ecological framework, this 2-wave longitudinal study examined the effects of parentification on youth adjustment across the transition to adolescence in a high-risk, low-income sample of African American (58%) and European American (42%) mother-child dyads (T1 M<sub>age</sub> = 10.17 years, T2 M<sub>age</sub> = 14.89 years; 52.4% female). Children's provision of family caregiving was moderately stable from early to late adolescence. Emotional and instrumental parentification evidenced distinct long-term effects on adolescents' psychopathology and the quality of the parent-child relationship. Ethnicity moderated these relations. Emotional and instrumental parentification behaviors were associated with predominantly negative outcomes among European American youth in the form of increased externalizing behavior problems and decreased parent-child relationship quality, whereas emotional parentification was associated with positive outcomes among African American youth in the form of increased parent-child relationship quality, and instrumental parentification was neutral. These findings support a multidimensional view of parentification as a set of culturally embedded phenomena whose effects can only be understood in consideration of the context in which they occur.*

*Keywords:* Parentification; Parent-child Relations; Ethnic Differences; Ecological Theory; Adolescence; Psychopathology

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Supportive and clear parent-child boundaries facilitate positive development, including the successful transition into young adulthood (Sroufe, Carlson, Levy, & Egeland, 1999). When familial boundaries are disrupted, children's attention and energy may be redirected from normative developmental tasks to adult spheres of responsibility and obligation. Many theorists discuss the potentially negative influence of "parentification" (Chase, 1999; Earley & Cushway, 2002), a family process in which children or adolescents assume adult responsibilities and/or parental roles that may be developmentally inappropriate (Boszormenyi-Nagy & Spark, 1973; Jurkovic, 1997). Yet relatively few studies have empirically investigated this phenomenon, and still fewer have done so within a multidimensional framework, which recognizes that there may be different forms of parentifica-

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tion, and acknowledges the potential for both positive and negative developmental effects (see Kerig, 2005, for discussion).

Parentification encompasses a range of caregiving behaviors and is associated with an array of developmental outcomes. Across both emotional acts of caregiving, such as comforting and advising a parent, and instrumental caregiving behaviors, such as cooking and cleaning, parentification is associated with variable effects on children's adjustment, ranging from emotional-behavioral difficulties and reduced social competence on the one hand (Johnston, 1990) to improved competence and self-efficacy on the other (Kuperminc, Jurkovic, & Casey, 2009). These mixed findings have prompted calls for prospective research to evaluate factors that may moderate the impact of parentification on child development, including both features of the parentification itself and family characteristics (East, 2010).

Responding to these calls, this investigation evaluated the influence of different forms of parentification on child adjustment across the transition to adolescence to (a) examine the stability of emotional and instrumental parentification from childhood to adolescence, (b) evaluate prospective and contemporaneous links between each form of parentification and both mother and youth reports of youth psychopathology (i.e., depressive symptoms, externalizing behavior problems) and parent-child relationship quality, and (c) investigate ethnicity as a moderator of these relations.

## Parentification and Related Concepts

Broadly defined, parentification is an outgrowth of a family process wherein children provide emotional and/or instrumental care for their parents (Jurkovic, 1997). In emotional parentification, the child is expected to fulfill a parent's need for support or companionship (e.g., by serving as a confidant or decision maker; Jurkovic, 1997), whereas instrumental parentification involves efforts to provide for the physical well-being of the household and its members by engaging in household tasks that are typically reserved for adults (e.g., grocery shopping and cleaning; Jurkovic, 1997). This study focused on emotional and instrumental forms of parentification as described above, yet definitional issues remain a fundamental concern in this field of research. Within the clinical literature alone, children who provide family caregiving have been referred to as *parental* children (Minuchin, 1974), *burdened* children (Chase, 1999), and *spousified* children (see Kerig, 2005, for review). In recent years, the terms *filial responsibility* (Jurkovic, Thirkield, & Morrell, 2001) and *adultification* (Burton, 2007) have come to the fore in the nonclinical literature, reflecting a desire to disentangle potentially normative levels of caregiving from the pathological connotations associated with parentification and related terms. Yet even the earliest theoretical work on parentification acknowledged that parentification could influence development in a beneficial manner by providing youth with opportunities to master socialization skills, and lessons in responsibility and self-reliance that contribute to healthy identity formation and self-esteem. Thus, early researchers suggested that "parentification should not be unconditionally ascribed to the realm of 'pathology' or relational dysfunction. It is a component of the regressive core of even balanced, sufficiently reciprocal relationships" (Boszormenyi-Nagy & Spark, 1973, p. 151).

The boundary disruptions that are typically presumed to underlie parentification may, in some instances, more aptly reflect an adaptive flexibility of family roles that fosters positive well-being in some contexts, such as in single-parent families or families in which both parents work and the adult presence in the home is necessarily reduced. As such, parentification may be associated with different developmental outcomes, becoming problematic only when parents are chronically and/or excessively dependent upon their children for support and nurturance (Minuchin, 1974).

In his study of families during the Great Depression, Elder (1974) noted a “downward extension of adult responsibilities to children” that often occurs when families encounter economic adversity. In these contexts, families bear the weight of economic hardship by simultaneously increasing their productivity (e.g., income) and decreasing their consumption of goods and services (e.g., child care). When adults spend more time outside the home, children may assume more adult responsibilities. As Burton (2007) noted, children in low-income families may not experience the pathological parentification discussed in the family therapy literature, and may instead derive benefits from their contributions to the family, particularly if they occur in response to “temporary poverty,” such as that caused by a short-term job lay-off.

Following research suggesting that contextual factors may influence the form and function of parentification, we employed an ecological model of development to consider parentification as a *proximal process*, which is an enduring form of interaction in the immediate environment that is bidirectional and occurs on a fairly regular basis over an extended period of time. As defined by Bronfenbrenner and Morris (2006), proximal processes are the “primary mechanisms producing human development” (p. 795), but their form, power, content, and direction vary as a joint function of the person (e.g., gender, age), the environment (e.g., family structure, culture), and time. Consistent with this ecological perspective, research has shown that parentification often occurs in response to ecological stressors (e.g., poverty, illness), and its effects may be tempered by child characteristics and the cultural context in which they occur.

## The Causes and Consequences of Parentification

Familial and structural factors influence the form and function of children’s caregiving. Rates of parentification are higher in conditions of parental stress or dysfunction, including depression (Radke-Yarrow, Zahn-Waxler, Richardson, Susman, & Martinez, 1994), substance abuse (Kelley et al., 2007), and illness (Sang, Cederbaum, & Hurlburt, 2013; Stein, Riedel, & Rotheram-Borus, 1999). Children in single-parent families may take on the responsibilities of an absent spouse (Jurkovic et al., 2001), while those in low-income families may compensate for parents with multiple jobs who are unable to complete household tasks (Burton, 2007; McMahon & Luthar, 2007). Importantly, youth may benefit from culturally situated parentification, as evidenced by decreased depressive symptoms and increased self-efficacy (Juang & Cookston, 2009; Kuperminc et al., 2009).

Parentification takes on increased salience and is associated with potentially distinct development effects in high-risk settings. Thus, this investigation employed a diverse, high-risk sample of low-income families with a large proportion of mothers suffering from psychiatric and/or substance use problems to evaluate the impact of parentification on youth adjustment and parent–child relationship quality across adolescence. In addition to evaluating the distinct effects of emotional and instrumental parentification on youth and family adjustment, this study capitalized on the diversity of the current sample to evaluate if and how ethnicity moderated these relations.

## Moderators of the Consequences of Parentification

Historically, emotional parentification has been viewed as more pernicious than instrumental parentification (see Chase, 1999; Jurkovic, 1997, for discussions), and research has largely supported this contention in studies of psychopathology (Jacobvitz, Hazen, Curran, & Hitchens, 2004), distress (Hooper, Marotta, & Lanthier, 2008), and social adjustment (Johnston, 1990). Instrumental parentification is not consistently linked with maladjustment (Stein et al., 1999), with some evidence suggesting it may be positively

associated with children's social competence and self-esteem in some contexts (Kuperminc et al., 2009). However, this is not to say that the effect of emotional parentification is universally maladaptive, nor that instrumental parentification is always adaptive, as several factors may account for multifinality in children's adjustment.

Growing evidence suggests that cultural, familial, and/or child characteristics may moderate the developmental effects of emotional and instrumental parentification. Compared to adolescents from European American families, those from African, Asian, and Latin American backgrounds report more acts of caregiving (Fuligni, Tseng, & Lam, 1999; Phinney, Ong, & Madden, 2000). Ethnic differences in rates of parentification may follow from cultural values embraced by each group, and the ecological challenges they face. Although European American families tend to value independence and autonomy, many ethnic minority groups in the United States have cultural traditions that downplay individual autonomy, and emphasize family interdependence, role flexibility, and responsibility (Harrison, Wilson, Pine, Chan, & Buriel, 1990). Cultural traditions, such as social role flexibility and extended kin support, may be an outgrowth of coping mechanisms that were born of historic necessity to combat various ecological challenges, such as discrimination and poverty (Harrison et al., 1990). In addition, cultural values may contribute to salient differences in family processes, even within ethnic groups. For example, higher levels of *familism* have been associated with positive parenting practices among Hispanic families (Santisteban, Coatsworth, Briones, Kurtines, & Szapocznik, 2012). Likely as a result of these contextual factors, youth's caregiving contributes to increased academic motivation, positive family relationships, and decreased depressive symptoms among Asian American and Latin American youth (Fuligni et al., 1999; Juang & Cookston, 2009).

While much attention has focused on the rates and effects of parentification among European American, Asian American, and Latin American groups, African Americans have seldom been the focus of these investigations. This is surprising, given the findings of a few investigations that did include African Americans. For example, Jurkovic et al. (2001) found that African American youth reported more instrumental parentification than their European American peers, and ethnographic findings suggest that *adulthood* is a relatively common phenomenon in African American families (Burton, 2007). While one might expect that African American and European American families would evidence similar rates and effects of parentification as both are influenced by American cultural norms, such a perspective fails to consider the cultural and sociodemographic currents that permeate and shape each group.

By and large, African American families adopt strong cultural values of family reciprocity, role flexibility, and group survival, which provide a foundation for intergenerational family support (Harrison et al., 1990). Therefore, while parentification may constitute an aberrant process in European American families, it may be a culturally legitimate practice within African American families wherein these behaviors are supported and appreciated by the family and broader community (Anderson, 1999). Research demonstrates that related constructs, such as enmeshment (i.e., extreme parent-child interdependence; Kerig, 2005), are not associated with negative outcomes among African American youth, despite pronounced negative effects on European American youth (Watson & Protinsky, 1988; see also Jacobvitz et al., 2004). Given the unique value of close ties in African American families (McAdoo & Younge, 2009), what is experienced as stifling enmeshment among European American youth may engender strength and pride for African American youth. Surprisingly, despite strong theoretical support for the differential impact of parentification on youth adjustment in African American families relative to European American families, this investigation is among the first to evaluate these claims.

## The Current Study

Demographic trends in the United States, such as lower marriage rates and higher divorce rates (Fields, 2003), have reduced the presence of adults in the home, and “consequently, shifted a large share of family care onto children and adolescents” (East, 2010, p. 55). Thus, there is a need for research that evaluates how parentification influences development concurrently and over time. Extending a recent cross-sectional investigation of childhood caregiving (McMahon & Luthar, 2007), this study examined emotional and instrumental parentification across adolescence in a diverse and high-risk sample, and evaluated the moderating influence of ethnicity on observed patterns and effects of parentification.

The first aim of this study was to describe patterns of emotional and instrumental parentification from early to late adolescence. Although we predicted that emotional parentification would increase from childhood through adolescence as children assume more adult-like, egalitarian relationships with parents (Carter & McGoldrick, 1980), levels of instrumental parentification across the transition to adolescence were explored given limited data in extant research concerning patterns over time. Similarly, in light of mixed findings in the literature, ethnic differences in rates of parentification were explored over time.

The second aim of this investigation was to assess the impact of parentification on youth’s adjustment as indicated by both maternal and youth reports of psychopathology (i.e., depressive symptoms and externalizing behavior problems) and parent–child relationship quality. These outcomes tap salient developmental issues pertinent to emotional, behavioral, and relational health that are widely recognized as important for adolescents’ wellbeing (Obradović, van Dulmen, Yates, Carlson, & Egeland, 2006), and include both negative and positive indices of adjustment to account for the possibility that caregiving may serve as either a risk or promotive influence across contexts. Consistent with prior findings (e.g., Hooper et al., 2008), we expected that the developmental impact of emotional parentification would be distinct from that of instrumental parentification, with more pronounced negative outcomes in contexts of elevated emotional parentification, because it is often accompanied by guilt inducement, and is apt to be perceived as more stressful than instrumental parentification (Jurkovic, 1997). However, we recognize the potential for instrumental parentification to eventuate in negative developmental consequences, particularly if the demands imposed are beyond the child’s capacity and skills.

The third aim of this investigation was to assess the moderating role of ethnicity on relations between parentification and adjustment. African American children were expected to derive more benefits (and fewer costs) from their engagement in parentification than European American children due to differences in cultural values (e.g., interdependence, role flexibility).

## METHOD

### Participants

This study included 143 mother-child dyads drawn from a larger longitudinal study ( $N = 361$ ) of maternal psychiatric disorders, substance use, poverty, and child development in a Northeast urban area (Luthar & Sexton, 2007). Dyads were excluded from the current study if (a) the child was older than 18 at T2 ( $n = 143$ ), (b) the child did not return at T2 ( $n = 37$ ), (c) the child did not reside with the same mother figure at T1 and T2 ( $n = 3$ ), or (d) the mother belonged to an ethnic group (e.g., Hispanic, Multiracial) that comprised too few participants for interactive analyses ( $n = 35$ ). The resulting subsample permitted the systematic evaluation of parentification patterns

and consequences across the transition to adolescence, given that family roles change after 18 as youth leave home and take on more adult roles (Fuligni & Pedersen, 2002).

The current sample was 58% African American and 42% European American. Slightly more children were female (52.4%) than male (47.8%), with a mean age of 10.17 years ( $SD = 1.59$ ) at T1 and 14.89 years ( $SD = 1.60$ ) at T2. On average, mothers had completed high school, nearly half (47.6%) were employed, and the majority (53.8%) were single parents. Time intervals between assessments were fairly consistent (range = 3–7 years;  $M = 4.72$ ,  $SD = .73$ ), and did not differ by any of the covariates, except for a negative relation with the number of siblings in the home ( $r = -.19$ ,  $p = .03$ ). Thus, we did not control for this variable in our analyses.

The sample was recruited to overrepresent mothers with anxiety, affective, and/or substance use disorders. The Clinical Syndrome and Clinical Personality Pattern scales from the Millon Clinical Multiaxial Inventory III (MCMI; Millon, Davis, & Millon, 1997) evaluated mothers' self-reported psychiatric distress and symptomatology at T1. Base rate scores  $>74$  on the Dysthymia or Major Depression scales indicate the presence of clinical depressive symptoms (23.8%). Base rate scores  $>74$  on the Anxiety or Posttraumatic Stress Disorder scales indicate clinical anxiety symptoms (44.1%). The Diagnostic Interview Schedule for *DSM-IV* (DIS; Robins, Cottler, Bucholz, & Compton, 1995) was used to document the presence of a substance use disorder during the child's lifetime (44.8%) involving (a) alcohol, (b) opioids, (c) cocaine, (d) marijuana, (e) sedatives/hypnotics, (f) amphetamines, and/or (g) hallucinogens. A composite index of maternal psychopathology, including current anxiety and/or depression, which were assessed via self-report on the MCMI, and a history of substance abuse in the child's lifetime, which was assessed via self-report on the DIS, ranged from no disorders (35.7%), to one disorder (30.1%), two disorders (20.3%), or three disorders (14.0%).

The sample was predominantly low-income. The most common sources of mother-reported financial support were food stamps (60.8%), Temporary Assistance for Needy Families benefits (45.5%), rental subsidy (43.4%), and legal employment (39.2%). The median family income from all sources was \$1,248.00 per month ( $M = \$2,011.80$ ,  $SD = \$1,700.94$ ).

The current sample did not differ from excluded dyads on measures of parentification, ethnicity, child gender, maternal marital status, number of siblings, income, or maternal psychopathology. By design, children in the subsample were younger at T1 than children not examined here,  $t(359) = -12.79$ ,  $p = .001$ . The current sample of mothers was marginally more educated,  $t(359) = 1.94$ ,  $p = .053$  and more likely to be employed,  $\chi^2(1) = 7.67$ ,  $p = .006$ .

## Procedures

Mothers were recruited through targeted announcements posted in social service offices, clinics, supermarkets, and other places frequented by women in low-income areas. Mothers were excluded if they had a history of psychosis or bipolar disorder, or were taking antipsychotic medications. Informed consent was obtained in writing from mothers and the child's legal guardian. Assent was obtained in writing from each child. Assessments were completed during a single session over two 60–90 minute segments. Interviewers had at least a bachelor's degree in psychology or social work and were trained and supervised in the administration of these measures by licensed clinical psychologists. Mother and child each received \$40 compensation, and mothers received an additional \$20 if their child completed the visit. All procedures were approved by the University's institutional review board.

## Measures

### *Parentification*

The Child Caretaking Scale (Baker & Tebes, 1994) was used to assess emotional and instrumental dimensions of parentification from the child's perspective. Children rated their degree of agreement with 30 statements describing different forms of caretaking along a 5-point scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Subscales describing emotional parentification (e.g., "I make my mother feel better when she gets upset") and instrumental parentification (e.g., "I help wash my family's clothes") were identified by 8 and 10 items, respectively. Consistent with prior research using this measure (McMahon & Luthar, 2007), the scales evidenced moderate reliability ( $\alpha_{T1 \text{ Emotional}} = .59$ ,  $\alpha_{T2 \text{ Emotional}} = .70$ ;  $\alpha_{T1 \text{ Instrumental}} = .66$ ,  $\alpha_{T2 \text{ Instrumental}} = .66$ ).

### *Child psychopathology*

*Child reports of depressive symptoms* were obtained using the Children's Depression Inventory (CDI; Kovacs, 1992). Child-reported depressive symptoms were preferred for these analyses given evidence that children are the most accurate informants about their own internalizing symptoms (Achenbach, McConaughy, & Howell, 1987), and distressed mothers, who were overrepresented in this sample, tend to exaggerate their children's symptomatology (Renouf & Kovacs, 1994). The CDI is a 27-item self-report inventory that assesses depressed mood. Responses are scored on a scale from 0 (e.g., "I am sad once in a while") to 2 (e.g., "I am sad all the time"), with total CDI scores ranging between 0 and 54. The CDI has good internal consistency and moderate test-retest reliability (e.g., Kovacs, 1992). Cronbach's  $\alpha$  for the CDI total score was .81 and .87 at T1 and T2, respectively. CDI *T* scores are calculated based on a normative sample of 1266 youths by age (7–12 or 13–17) and gender. Total scaled *T* scores were used in these analyses, with scores  $\geq 65$  connoting clinically elevated depressive symptoms (9.1% and 9.8% of the current sample at T1 and T2, respectively).

*Maternal reports of child externalizing symptoms* were obtained using the Behavioral Assessment System for Children and Adolescents (BASC; Reynolds & Kamphaus, 1992) because outside informants typically provide more accurate assessments of child externalizing (Achenbach et al., 1987). Mothers completed the BASC Parent Rating Scale using the Child (ages 8–11) or Adolescent (ages 12–18) version depending on the child's age. Responses are scored on a 4-point scale from 0 (*never*) to 3 (*almost always*). Child externalizing symptoms were summed across 34–35 items that tapped aggressive, disruptive, hyperactive, and antisocial behaviors ( $\alpha_{\text{child form}} = .93$ ;  $\alpha_{\text{adolescent form}} = .96$  and  $.94$  at T1 and T2, respectively). BASC *T* scores are calculated based on a nationally representative sample matched by age and gender. Total scaled *T* scores were used in these analyses, with scores of 60–69 indicating mild-moderate problems (9.8% and 7.7% of the current sample at T1 and T2, respectively), and scores  $\geq 70$  identifying serious problems (9.8% and 10.5% of the current sample at T1 and T2, respectively).

### *Parent-child relationship quality*

*Child reports of parent-child relationship quality* were obtained using the Relations with Parents subscale from the BASC Self Report of Personality (BASC). Children completed either the Child (ages 8–11) or Adolescent (ages 12–18) version depending on the child's age. Responses are rated as *true* (1) or *false* (0). Parent-child relationship quality was measured by summing across 8–10 items that assessed the child's perceptions of the family and parent-child relational environment (e.g., "I like to be close to my parents";  $\alpha_{\text{child form}} = .63$ ;  $\alpha_{\text{adolescent form}} = .60$  and  $.69$  at T1 and T2, respectively). *T* scores  $\leq 40$  on the adaptive BASC scales indicate clinically significant impairment in functioning (5.6%

and 11.2% of the current sample at T1 and T2, respectively; Reynolds & Kamphaus, 1992).

*Maternal reports of parent–child relationship quality* were assessed with the Involvement scale of the Parent-Child Relationship Inventory (PCRI; Gerard, 1994). The PCRI assesses the parent's perceived relationship with the child. Items are rated on a 4-point scale from 1 (*strongly agree*) to 4 (*strongly disagree*). The Involvement scale consists of 14 items (e.g., "I spend a great deal of time with my child"), with lower scores connoting less parental involvement. Cronbach's  $\alpha$  for the Involvement scale was .76 and .79 at T1 and T2, respectively. PCRI *T* scores are calculated based on a nationally representative sample matched by age and gender (Gerard, 1994). Total scaled *T* scores were used in these analyses, with scores of 30–39 indicating mild-moderate problems (13.3% and 25.2% of the current sample at T1 and T2, respectively), and scores  $\leq 29$  identifying serious problems (0.7% and 5.6% of the current sample at T1 and T2, respectively).

## Data Preparation

Analyses were conducted in Mplus version 6.1 (Muthén & Muthén, 1998–2010), using MLR estimation to yield maximum likelihood parameter estimates with standard errors that are robust to non-normality and nonindependence of observations. Missing data were estimated for child reports of caregiving at T2 (1.0%), child reports psychosocial functioning at T2 (1.4–5.6%), and maternal reports of child psychosocial functioning at T1 (1.4%) and T2 (6.3–9.1%). Diagnostic criteria (i.e., plots of residuals vs. predicted values, autocorrelation plots of residuals, normal probability plots of residuals) were evaluated to confirm that the data met regression analytic assumptions, including linearity, independence, homoscedasticity, and normality (Afifi, Kotlerman, Ettner, & Cowan, 2007), and continuous predictors were centered to minimize collinearity. Post hoc simple slope analyses probed interactive findings following recommendations from Aiken and West (1991) and Dawson and Richter (2006). Effect size estimates were calculated using Cohen's *d* to further clarify the empirical and practical implications of the obtained results.

## RESULTS

### Descriptive Findings

Table 1 depicts means and standard deviations of study variables for the total sample and by ethnicity. Chi-square analyses indicated no significant differences in maternal employment by gender or ethnicity, but more African American than European American mothers were single parents (i.e., did not live with a romantic partner). A multivariate analysis of variance (MANOVA) evaluated differences in continuous covariates, parentification, and adjustment variables by gender, ethnicity, and their interaction. There were significant multivariate main effects for gender, Wilks'  $\lambda = .677$ ,  $F(17, 98) = 2.561$ ,  $p = .002$ , and ethnicity, Wilks'  $\lambda = .722$ ,  $F(17, 98) = 1.956$ ,  $p = .021$ , but the multivariate interactive effect was not significant, Wilks'  $\lambda = .934$ ,  $F(17, 98) = .954$ ,  $p = .537$ .

Follow-up univariate ANOVAs indicated that, on average, European American mothers had more years of education than African American mothers. In addition, African American children had more siblings than European American children. Levels of emotional parentification were comparable across groups. However, African American youth endorsed higher rates of instrumental parentification at T1 and T2, and boys reported higher levels of instrumental parentification than girls at T2. African American youth reported more depressive symptoms than European American youth at T1, but not at T2. Mothers reported higher levels of externalizing behavior problems for boys than girls at both time points. European American youth reported better relations with parents than

TABLE 1  
Descriptive Statistics for Study Variables by Ethnicity and Child Gender

Variable	Total M (SD)	African American M (SD)	European American M (SD)	Male M (SD)	Female M (SD)	F or $\chi^2$ Ethnicity	F or $\chi^2$ Gender
Child age T1	10.17 (1.59)	10.18 (1.56)	10.15 (1.63)	10.10 (1.61)	10.23 (1.57)	.01	.15
Child age T2	14.89 (1.60)	14.90 (1.62)	14.87 (1.58)	14.79 (1.56)	14.97 (1.64)	.01	.45
Maternal education T1	12.79 (2.29)	12.35 (1.78)	13.40 (2.75)	12.78 (2.28)	12.80 (2.31)	8.20**	.14
Single parent T1	53.8%	66.3%	36.7%	52.9%	54.7%	12.28***	.04
Mother employed T1	47.6%	48.2%	46.7%	51.5%	44.0%	.03	.80
Maternal psychopathology T1	1.13 (1.05)	1.08 (0.99)	1.18 (1.14)	1.13 (1.01)	1.12 (1.10)	.28	.01
Number of siblings T1	1.55 (1.39)	1.78 (1.49)	1.23 (1.18)	1.62 (1.30)	1.49 (1.47)	5.66*	.05
Emotional parentification T1 <sup>c</sup>	27.24 (4.68)	27.58 (4.41)	26.78 (5.03)	26.62 (4.49)	27.81 (4.80)	1.25	2.54
Emotional parentification T2 <sup>c</sup>	25.99 (5.25)	26.23 (5.09)	25.65 (5.50)	25.65 (4.71)	26.29 (5.71)	.48	.57
Instrumental parentification T1 <sup>c</sup>	32.41 (5.86)	33.43 (4.46)	30.98 (7.17)	32.74 (5.90)	32.11 (5.83)	5.63*	.47
Instrumental parentification T2 <sup>c</sup>	32.38 (6.13)	33.37 (5.85)	31.00 (6.29)	34.06 (4.97)	30.85 (6.69)	4.43*	9.98**
Depressive symptoms T1 <sup>c</sup>	48.62 (8.29)	50.03 (9.08)	46.67 (6.66)	49.23 (8.81)	48.07 (7.81)	5.91*	.25
Depressive symptoms T2 <sup>c</sup>	49.93 (9.87)	49.69 (10.13)	50.29 (9.55)	48.60 (8.68)	51.29 (10.84)	.07	3.20
Externalizing problems T1 <sup>m</sup>	50.64 (16.71)	51.15 (17.51)	49.94 (15.68)	56.23 (19.60)	45.58 (11.56)	.06	13.76***
Externalizing problems T2 <sup>m</sup>	52.08 (16.20)	51.93 (16.11)	52.29 (16.47)	55.17 (17.13)	48.99 (14.71)	.09	4.70*
Relations with parents T1 <sup>c</sup>	53.05 (6.51)	51.79 (7.31)	54.83 (4.66)	52.25 (6.91)	53.78 (6.06)	7.37**	1.19
Relations with parents T2 <sup>c</sup>	51.29 (8.61)	50.80 (8.54)	52.08 (8.58)	52.26 (7.55)	50.34 (9.49)	.99	2.11
Parental involvement T1 <sup>m</sup>	52.05 (10.18)	51.17 (9.99)	53.27 (10.41)	52.38 (10.09)	51.75 (10.32)	1.25	.02
Parental involvement T2 <sup>m</sup>	46.97 (10.69)	45.35 (10.62)	49.03 (10.52)	44.92 (10.01)	48.96 (11.03)	3.35	4.04*

Note. Univariate tests for ethnicity by gender not shown due to a nonsignificant omnibus test. <sup>c</sup>child report, <sup>m</sup>maternal report. Single parent (0 = *live-in partner*; 1 = *no live-in partner*), mother employed (0 = *unemployed*, 1 = *employed*).

\* $p < .05$ .

\*\* $p < .01$ .

\*\*\* $p < .001$ .

African American youth at T1, but not at T2. Finally, mothers of girls reported higher levels of involvement than mothers of boys at T2.

## Bivariate Relations

Table 2 depicts bivariate relations among study variables. Emotional parentification was positively related to concurrent instrumental parentification at both time points, and there was modest stability in caregiving patterns over time. Contemporaneously, both emotional and instrumental parentification were associated with poorer relations with parents at T1, and with better relations with parents at T2. Instrumental parentification was contemporaneously associated with fewer depressive symptoms at T2.

## Regression Analyses

Eight simultaneous regression models evaluated the moderating effect of ethnicity on each parentification dimension at T1 across 2 measures of child psychopathology (i.e., depressive symptoms, externalizing behavior problems), and 2 measures of the parent-child relationship (i.e., relations with parents, parental involvement with child). All regressions included T1 demographic variables related to parentification and/or child adjustment in prior research and in the current sample (i.e., child age, child gender, years of maternal education, single-parent family structure, and number of siblings; see Table 2). Single-parent family structure was defined as the mother not having a romantic partner living in the home (0 = *live-in partner*; 1 = *no live-in partner*), and child gender was dummy coded to examine the main effect of being male (0 = *female*, 1 = *male*). Two additional variables, maternal psychopathology and maternal employment, were evaluated, but did not attain significance in any of the models and were omitted from subsequent analyses. Each regression examined the long-term ramifications of early parentification on adolescent psychosocial functioning. In addition to the covariates, we included a dummy code for ethnicity (0 = *European American*, 1 = *African American*), the dependent variable at T1 to control for differences in adjustment outcomes that were better accounted for by prior adjustment, parentification at T1, and the two-way interaction (i.e., parentification\*ethnicity) in each analysis.

### *Emotional parentification*

#### *Child psychopathology*

Emotional parentification predicted increased child-reported depressive symptoms and higher levels of mother-reported externalizing behavior problems (see Table 3). However, the prediction to externalizing problems was qualified by a significant interaction between emotional parentification and ethnicity. Simple slope analyses indicated that emotional parentification was related to a significant increase in externalizing among European American children, but was not significantly related to externalizing among African American youth (see Figure 1). The moderating influence of ethnicity was small at low levels of emotional parentification (i.e., 1 *SD* below the mean,  $d = .26$ ) and moderate at high levels of emotional parentification (i.e., 1 *SD* above the mean,  $d = -.47$ ).

#### *Parent-child relationship quality*

Main-effect contributions of emotional parentification to change in child-reported relationship quality from T1 to T2 were not significant, but there was a significant interaction between emotional parentification and ethnicity (see Table 3). Simple slope analyses indicated that emotional parentification was related to a significant increase in parent-child relationship quality among African Americans, but was not

TABLE 2  
Bivariate Correlations among T1 and T2 Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12
Parentification												
1. Emotional parentification T1 <sup>c</sup>	—											
2. Emotional parentification T2 <sup>c</sup>	.22**	—										
3. Instrumental parentification T1 <sup>c</sup>	.40***	.15	—									
4. Instrumental parentification T2 <sup>c</sup>	.11	.44***	.32**	—								
Psychopathology												
5. Depressive symptoms T1 <sup>c</sup>	.01	.02	-.10	-.03	—							
6. Depressive symptoms T2 <sup>c</sup>	.12	.07	-.09	-.17*	.30***	—						
7. Externalizing problems T1 <sup>m</sup>	-.11	-.06	-.09	.13	.18*	-.01	—					
8. Externalizing problems T2 <sup>m</sup>	-.02	-.10	-.07	-.03	.30***	.11	.47***	—				
Parent-Child Relations												
9. Relations with parents T1 <sup>c</sup>	-.18*	-.12	-.21*	-.06	-.21**	-.05	-.15	-.01	—			
10. Relations with parents T2 <sup>c</sup>	.01	.31***	-.11	.19*	-.30***	-.40***	-.15	-.27**	.15	—		
11. Parental involvement T1 <sup>m</sup>	-.04	.02	-.06	.01	-.08	.10	-.26**	-.13	.07	.11	—	
12. Parental involvement T2 <sup>m</sup>	-.05	.09	-.03	.02	-.19*	-.06	-.33***	-.42***	.15	.22*	.55***	—

Note. <sup>c</sup>child report, <sup>m</sup>maternal report.

\* $p < .05$ .

\*\* $p < .01$ .

\*\*\* $p < .001$ .

TABLE 3  
Regressions of Adjustment Outcomes on Emotional Parentification

	Child Psychopathology						Parent-Child Relations									
	Depressive Symptoms <sup>c</sup>			Externalizing Problems <sup>m</sup>			Relations with Parents <sup>c</sup>			Parental Involvement <sup>m</sup>						
	b	SE	$\beta$	p	b	SE	$\beta$	p	b	SE	$\beta$	p				
Child age	.475	.579	.073	.413	-.465	.699	-.046	.503	.937	.429	.172	.020	.013	.435	.002	.977
Child gender	-2.526	1.570	-.123	.104	1.355	2.505	.043	.593	2.605	1.483	.151	.073	-3.524	1.412	-.166	.011
Single parent	-2.457	1.634	-.120	.125	-.808	2.927	-.025	.781	-.659	1.521	-.038	.664	-3.909	1.539	-.184	.011
Maternal education	.351	.463	.078	.433	.347	.559	.050	.530	-.503	.368	-.133	.161	.110	.332	.024	.740
Number of siblings	-.207	.576	-.028	.719	1.677	1.789	.147	.330	-1.095	.566	-.176	.049	-1.048	.551	-.137	.060
Ethnicity	-1.014	1.696	-.049	.553	-1.711	2.913	-.053	.560	-.351	1.586	-.020	.825	.127	1.630	.006	.938
Adjustment T1	.400	.105	.322	.000	.396	.093	.417	.000	.250	.106	.188	.021	.592	.065	.567	.000
EP	.587	.246	.267	.005	.811	.376	.239	.022	-.335	.280	-.181	.220	-.411	.228	-.181	.073
Ethnicity $\times$ EP	-.495	.328	-.162	.113	-1.264	.463	-.267	.007	.804	.345	.316	.011	.780	.290	.246	.006
Intercept	53.145	1.971	5.187	.000	52.959	2.798	3.348	.000	50.466	1.623	5.854	.000	50.477	1.464	4.763	.000
R-square	.234	.086	.006	.006	.246	.067	.000	.000	.154	.059	.009	.009	.419	.061	.000	.000

Note. EP = Emotional parentification; T1 = Time 1; <sup>c</sup>child report, <sup>m</sup>maternal report. All predictors were measured at T1. *p*-values are of the standardized  $\beta$ s.

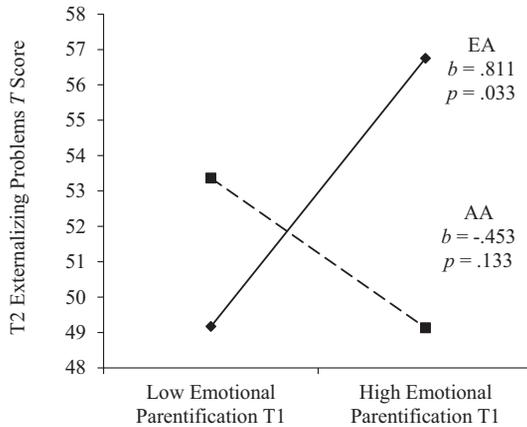


FIGURE 1. Interaction of Emotional Parentification and Ethnicity on Externalizing Problems at Time 2. Note. EA = European American; AA = African American. Low and high emotional parentification are graphed at 1 SD below and above the mean, respectively.

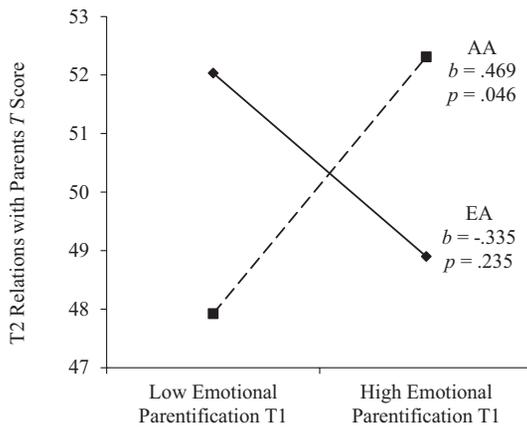


FIGURE 2. Interaction of Emotional Parentification and Ethnicity on Relations with Parents at Time 2. Note. EA = European American; AA = African American. Low and high emotional parentification are graphed at 1 SD below and above the mean, respectively.

significantly related to parent-child relationship quality among European Americans (see Figure 2). The moderating influence of ethnicity was moderate at both low and high levels of emotional parentification (i.e., 1 SD below the mean,  $d = -.48$ ; 1 SD above the mean,  $d = .40$ ). Although emotional parentification was not significantly related to parental involvement over time, this relation was qualified by a significant interaction with ethnicity (see Table 3). Simple slope analyses suggested that emotional parentification was related to opposite patterns of involvement between European American and African American mothers suggesting a negative effect among European Americans and a positive effect among African Americans, but neither slope was significant (see Figure 3). The moderating influence of ethnicity was small at low and high levels of emotional parentification (i.e.,  $d_s = -.33$  and  $.35$  at  $-1$  and  $+1$  SD from the mean, respectively).

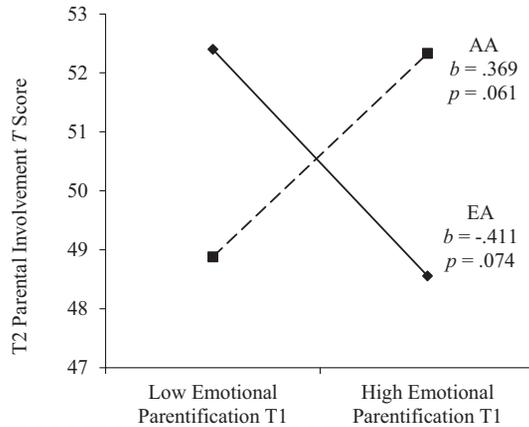


FIGURE 3. Interaction of Emotional Parentification and Ethnicity on Parental Involvement at Time 2.  
*Note.* EA = European American; AA = African American. Low and high emotional parentification are graphed at 1 *SD* below and above the mean, respectively.

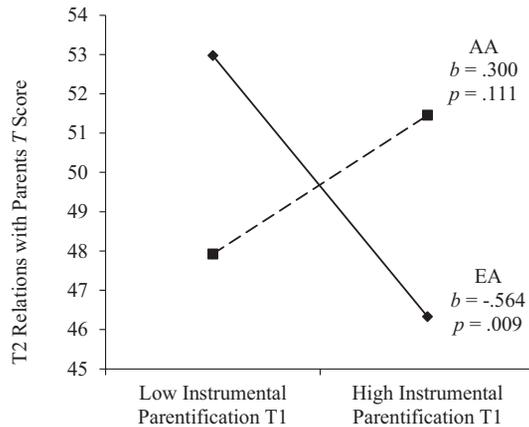


FIGURE 4. Interaction of Instrumental Parentification and Ethnicity on Relations with Parents at Time 2.

*Note.* EA = European American; AA = African American. Low and high instrumental parentification are graphed at 1 *SD* below and above the mean, respectively.

### *Instrumental parentification*

#### *Child psychopathology*

Neither the main-effect contributions of instrumental parentification to child-reported depressive symptoms and mother-reported externalizing problems at T2, nor its interactions with ethnicity attained significance (see Table 4).

#### *Parent-child relationship quality*

Instrumental parentification was related to significant declines in child-reported relationship quality (see Table 4). However, this effect varied by ethnicity with simple slope analyses suggesting that instrumental parentification contributed to lower parent-child relationship quality among European American adolescents, but was not significantly related to parent-child relationship quality among African American adolescents (see Figure 4). The moderating influence of ethnicity was moderate at low and high levels of

TABLE 4  
*Regressions of Adjustment Outcomes on Instrumental Parentification*

	Child Psychopathology						Parent-Child Relations							
	Depressive Symptoms <sup>c</sup>			Externalizing Problems <sup>m</sup>			Relations with Parents <sup>c</sup>			Parental Involvement <sup>m</sup>				
	b	SE	$\beta$	b	SE	$\beta$	b	SE	$\beta$	b	SE	$\beta$	p	
Child age	.165	.611	.026	-.694	.725	-.069	1.322	.476	.232	.001	.068	.460	.010	.883
Child gender	-3.162	1.616	-.157	.840	2.511	.026	3.227	1.409	.179	.016	-3.527	1.429	-.165	.012
Single parent	-1.783	1.532	-.088	-.500	2.876	-.016	-.769	1.484	-.042	.603	-4.087	1.503	-.191	.006
Maternal education	.337	.452	.075	.246	.575	.035	-.746	.370	-.189	.033	.143	.327	.031	.662
Number of siblings	-.029	.562	-.004	1.866	1.764	.163	-1.444	.591	-.222	.011	-1.222	.605	-.159	.044
Ethnicity	-.958	1.662	-.047	-1.375	2.885	-.043	.037	1.629	.002	.982	-.152	1.672	-.007	.928
Adjustment T1	.420	.101	.345	.415	.096	.434	.270	.112	.194	.016	.590	.068	.561	.000
IP	.212	.174	.124	.025	.334	.009	-.564	.211	-.367	.001	.059	.201	.033	.767
Ethnicity $\times$ IP	-.598	.309	-.207	-.282	.415	-.062	.864	.283	.333	.001	.248	.272	.081	.359
Intercept	53.274	1.938	5.294	52.707	2.799	3.310	49.651	1.710	5.502	.000	50.750	1.556	4.756	.000
R-square	.199	.086	.020	.223	.070	.001	.257	.083	.002	.002	.408	.062	.000	.000

Note. IP = Instrumental parentification; T1 = Time 1; <sup>c</sup>child report, <sup>m</sup>maternal report. All predictors were measured at T1. *p*-values are of the standardized  $\beta$ s.

instrumental parentification (i.e.,  $d_s = -.58$  and  $.59$  at  $-1$  and  $+1$   $SD$  from the mean, respectively). Instrumental parentification did not contribute significantly to maternal involvement at T2, and there were no significant interactions by ethnicity (see Table 4).

## DISCUSSION

This investigation advances the study of parentification by conceptualizing it as a proximal process whose form, power, content, and direction systematically vary as a joint function of the characteristics of the individual, environment, and time. By evaluating contextual variables that foster parentification, the domains most likely to be affected by it, developmental time periods during which it may have differential effects on development, and the influence of ethnicity on these relations, this study contributes to existing theory and practice by clarifying when, why, and for whom parentification may be problematic or promotive. In so doing, this study supports prior calls for the adoption of a multidimensional and contextually sensitive perspective on parentification (e.g., Jurkovic et al., 2004).

To our knowledge, this study is the first to examine the long-term ramifications of parentification in a diverse sample using multiple informants across a broad range of psychosocial outcomes. Further, it is one of a select few to assess the impact of parentification in African American families (see Burton, 2007; Jurkovic et al., 2001, for exception). Continued research with African American families is warranted given that they are more likely to engage in, and potentially benefit from, parentification than other ethnic groups due to both broader cultural values regarding family interdependence (Harrison et al., 1990) and structural factors, such as higher rates of single-parent families (Fields, 2003) and lower median incomes (U.S. Census Bureau, 2008).

Parentification evidenced moderate stability from childhood to adolescence, with negative effects associated with early parentification. Emotional parentification in childhood was associated with negative developmental consequences across adolescence in the form of increased depressive symptoms and externalizing problems, as well as marginal declines in parental involvement. A similar pattern emerged for instrumental parentification, wherein early caregiving predicted poorer relations with parents at T2. Although these findings suggest that childhood parentification may undermine children's subsequent psychosocial functioning and weaken the parent-child relationship, the obtained results were qualified by significant interactions with ethnicity and should not be interpreted independently of cultural context.

Consistent with prior research, rates of emotional parentification were largely comparable across ethnic groups, but African American youth reported higher levels of instrumental parentification than European American youth in both early and late adolescence (Jurkovic et al., 2001; Peris, Goeke-Morey, Cummings, & Emery, 2008). Moreover, ethnicity moderated the contribution of parentification to later youth adjustment and parent-child relationship quality. Emotional parentification was associated with predominantly negative outcomes among European Americans (e.g., increased externalizing behavior problems), yet with positive outcomes among African Americans (e.g., increased parent-child relationship quality). In contrast, instrumental parentification was associated with negative adjustment for European American adolescents (e.g., decreased parent-child relationship quality), but did not compromise adjustment among African American youth.

### Understanding Parentification within a Cultural-Ecological Framework

Per our review of the literature, this study is the first to demonstrate differential long-term sequelae of parentification across African American and European American youth.

In so doing, this work highlights the need for investigations that focus on the mechanisms by which parentification may operate differently across cultural groups. These processes may be best understood within a cultural-ecological framework (Spencer, 1995), which is a phenomenological variant of Bronfenbrenner's ecological systems theory that accounts for the influence of cultural and socialization forces on individuals' beliefs, behaviors, and experience of family dynamics and processes. In a unique addition to Bronfenbrenner's consideration of individuals in context, however, the cultural-ecological model focuses on meaning-making processes and the formative influence of those processes on youth's interactions with their context.

Although the same social/situational factors may determine rates of parentification in African American and European American families (e.g., single-parent households, income, number of children), the meaning attached to the provision of caregiving, and, by extension, its implications for youth's emotional, behavioral, and relational adjustment, may depend on the culture in which the caregiving is embedded. Cultural norms regarding role flexibility and family interdependence may render parentification more culturally congruent for African Americans than for European Americans, who value autonomy, independence, and clearly defined family hierarchies. Although not examined here, European American youth may therefore view parentification responsibilities as unfair, and consequently more disruptive than their African American peers. Perceived fairness is an important influence on parentification effects (Jurkovic et al., 2001), and warrants further consideration within a cultural-ecological framework.

With respect to implications for professional practice, these findings demonstrate that parentification is not a uniformly detrimental process that requires intervention. In contexts of economic and/or material deprivation, the "downward extension of adult responsibilities" can represent an adaptive coping mechanism for certain families in distress (e.g., African American) without compromising youth development. However, this solution may not be equally suited to all cultural contexts, with notably negative effects in European American families who may need to seek an alternate means of coping. Unfortunately, without a more nuanced understanding of the mechanisms underlying this observed ethnic difference, any recommendations remain preliminary.

## Strengths and Limitations

To our knowledge, this study is the first to examine the long-term sequelae of parentification as differentiated between emotional and instrumental subtypes and qualified by ethnicity. Advancing beyond a main-effects approach, our data highlight the importance of conceptualizing parentification as a set of culturally embedded, multidimensional phenomena. Moreover, the inclusion of measures over time and across informants further strengthens the probable validity of our findings. Despite these strengths, however, our findings must be interpreted in light of several limitations.

First, the availability of two time points both enabled and limited the prospective conclusions we can draw from these data because we were not able to examine trajectories of parentification over time. Relatedly, our analytic approach did not test for the presence of differential parentification effects in early versus later development, as future studies with more thoroughgoing developmental designs are needed to fully evaluate this possibility.

Second, we did not obtain information about certain features of the family climate, such as family cohesion and expressiveness, or, as discussed above, the child's subjective perception of the fairness of her/his caregiving responsibilities, which could influence rates of parentification and/or moderate its relation to adjustment outcomes. Similarly, the degree of potential burden imposed by individual caregiving tasks may vary by task-specific demands and child age. When children engage in parental roles that are concordant with

their emerging capabilities, they may learn valuable lessons in responsibility, and benefit from opportunities to practice future role activities. However, parentification can compromise children's development when the overt or implicit demands are age inappropriate, burdensome, confusing, unsupervised, or unacknowledged (Jurkovic, 1997).

Third, this study did not include measures of participants' ethnic identity, cultural values, or beliefs about family roles. Rather than assuming that participants adhere to the broader cultural norms and values of their ethnic group, future research should directly measure participants' agreement with such values, as well as the concordance between parent and child beliefs. As noted previously, there may be variations in cultural values within an ethnic group, as demonstrated by evidence that inter-family differences in *familism* were associated with positive parenting practices in a study of Hispanic families (Santisteban et al., 2012). Relatedly, future studies with larger samples should test for cultural heterogeneity within broad ethnic groups (e.g., Afro-Caribbean or African American communities on one hand, and individuals of Irish, Italian, or German heritage on the other).

Fourth, we employed a convenience sample that specifically targeted low-income urban families with mothers suffering from mental health and/or substance use issues, which likely enhanced the salience of parentification and our capacity to understand it, but also limited the generalizability of our findings. However, families headed by low-income, unmarried parents that may be cohabitating or living apart are increasing in prevalence (Wildsmith, Steward-Streng, & Manlove, 2012), and therefore constitute an important population to study. Although we attempted to examine the effect of single-parent family structure on parentification, our measure only assessed whether a romantic partner lived in the home, and did not capture more nuanced aspects of the family system, such as the extent to which parents work together to socialize and raise the child (i.e., coparenting; McHale, Waller, & Pearson, 2012), which are likely to influence the expression of parentification and its affect on youth's adjustment.

Fifth, it is possible that certain covariates (e.g., single-parent status, maternal psychopathology, child gender) could have different meanings in each ethnic group, and by extension, different moderating effects within each group. Indeed, when we explored this possibility with a series of post hoc simple moderator analyses, we detected a significant interaction of maternal psychopathology with ethnicity on externalizing in the emotional parentification model. This finding suggests that maternal psychopathology was related to a significant increase in externalizing for European American youth, and was not significantly related to externalizing for African American youth; however, the limited sample size constrained our power to test models with three-way interaction terms. We recommend that future studies with larger samples test for distinct moderating effects by ethnic group as related to the development significance of parentification.

Finally, our results must be interpreted with caution given the low reliability of several of the constructs examined herein. Consistent with prior studies of parentification in adolescent samples (e.g., Kuperminc et al., 2009; Phinney et al., 2000), the caregiving measure evidenced modest to low reliability for both emotional and instrumental parentification subscales. In addition, the Relations with Parents BASC scale evidenced low reliability. There is a pressing need to develop measures that tap children's caregiving behaviors. In particular, such measures must account for variation in the challenges posed by tasks for children of different ages and abilities, as well as assess the child's subjective perception of the fairness of her/his caregiving responsibilities. Given these measurement error concerns, and the use of multiple tests with our limited sample size, the present findings should be considered suggestive and require replication with more reliable measures in larger samples.

## Concluding Comments

The present investigation strengthens our understanding of parentification as a developmental and culturally rooted set of caregiving phenomena. Further, our findings suggest that parentification has wide-ranging implications for children's development, and may serve as a source of strength or vulnerability, depending upon the context in which it occurs. These findings will stimulate additional research aimed at clarifying the mechanisms by which parentification operates in various contexts of development and encourage greater attention to contextual factors in family practice. As noted by Jurkovic et al. (2004), prevention programs have seldom targeted parentification as a dependent variable, and have thus missed an important avenue for improving youth's adjustment. By elucidating the mechanisms by which parentification eventuates in maladjustment or competence, we can inform future practice to help families empower children in ways that will benefit, rather than harm them.

## APPENDIX

### Child Caretaking Scale (CCS; Baker & Tebes, 1994)

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#### Emotional Parentification

- 2. Sometimes my mother tells me things that she doesn't tell anyone else
- 7. I remind my mother about her appointments
- 11. My mother usually treats me like I'm all grown up
- 14. I make my mother feel better when she gets upset
- 21. Sometimes I have to remind my mother to go to bed
- 27. My mother tells me she is worried about not having enough money
- 28. I often give my mother advice
- 30. My mother needs me to be her friend

#### Instrumental Parentification

- 8. I like to fix things around the house
  - 10. It's my job to take out the garbage
  - 13. I have a lot of chores around the house
  - 15. It's my job to make sure the doors are locked before I go to bed
  - 16. I help wash my family's clothes
  - 17. I know where to find emergency phone numbers
  - 18. I'm allowed to cook on my own
  - 22. I try to make sure the house is cleaned up when guests come over
  - 24. Usually it's me who mows the lawn
  - 26. Sometimes it's my job to buy groceries
- 

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