IN THE SPIRIT OF FULL DISCLOSURE: MATERNAL CHARACTERISTICS THAT

ENCOURAGE ADOLESCENT DISCLOSURE OF DISTRESSING EXPERIENCES

by

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DISSERTATION ABSTRACT

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Title: In the Spirit of Full Disclosure: Maternal Characteristics that Encourage
    Adolescent Disclosure of Distressing Experiences

The purpose of the current study was to investigate the dynamic process of disclosure within the adolescent–mother relationship by examining maternal characteristics that encourage adolescent disclosure of distressing experiences and risk factors that may interfere with mothers' abilities to be supportive. A community sample of 66 mothers and their adolescent children ($M = 14.31$ years, 58% female) participated. The adolescents disclosed an emotionally distressing experience to their mothers for the first time.

Mothers' validating behaviors and emotional distress in response to their adolescents' expressions of negative emotion were predictive of adolescent disclosure. Adolescents who perceived their mothers to be validating of their negative emotions made more substantive disclosures and found disclosing to their mothers to be more beneficial. In contrast, greater maternal emotional distress was associated with less substantive disclosures, and maternal emotional distress was further indirectly associated with less substantive and beneficial disclosures through less maternal validation of negative emotion.

A developmental model of maternal risk for emotional distress in response to

adolescent negative emotion was also supported. Maternal history of childhood trauma perpetrated by someone close to the mother (i.e., high betrayal) was associated with an increased likelihood of experiencing subsequent interpersonal trauma as an early adult; maternal interpersonal trauma in early adulthood was associated with mothers' increased difficulty regulating their emotions; and greater maternal emotion dysregulation was associated with higher levels of maternal distress in response to adolescent negative emotion. An indirect association between maternal childhood high betrayal trauma and emotional distress was also supported through continued trauma and emotion regulation difficulties.

These findings suggest that when disclosing distressing experiences to their mothers, adolescents consider how validating their mothers are of their expression of negative emotion, as well as how distressing their emotions are for their mothers. Mothers' histories of childhood trauma, ongoing interpersonal trauma in adulthood, and emotion regulation difficulties were further implicated in mothers' reactions to their adolescents' expressions of negative emotion. Interventions targeted to increase maternal emotion regulation skills and validation of children's negative emotions may be an effective way to promote better mother–adolescent communication, especially in regard to distressing experiences.

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INTRODUCTION

The experience of negative or traumatic life events is prevalent among youth. Epidemiological research indicates that between 53 and 91% of youth have experienced at least one serious adversity, ranging from noninterpersonal traumas like accidents and natural disasters to interpersonal traumas such as witnessing violence or being physically or sexually abused (Anda et al., 2006; Breslau, Reboussin, Anthony, & Storr, 2005; Copeland, Keeler, Angold, & Costello, 2007; Dong et al., 2004; Finkelhor, Turner, Shattuck, & Hamby, 2013; Flaherty et al., 2013; Green et al., 2010; McLaughlin, et al., 2012). Moreover, adolescents often experience other negative life events such as being bullied, having relational problems with peers, and witnessing conflict between parents (Madge et al., 2011). In addition to increased risk for mental health difficulties associated with childhood trauma and adversity (McLaughlin et al., 2012), adolescence is a developmental period associated with heightened stress and emotional responsiveness to the social environment (Dahl, 2001; Steinberg, 2005; Steinberg & Morris, 2001), as well as increased conflict with parents (Marceau, Ram, & Susman, 2015). This culmination of factors leaves adolescents at an increased risk for poor psychosocial outcomes (Carter & Garber, 2011; Kessler et al., 2005; Madge et al., 2011).

Part I: Disclosure

Disclosure in Childhood and Adolescence

The disclosure or sharing of emotionally upsetting experiences with others, including traumatic experiences, is typically thought to be advantageous (Frattaroli, 2006). Disclosure is thought to be beneficial for a number of reasons, including its role as

a precipitant to emotional and tangible support, providing an opportunity to gain insight into the experience, expressing and regulating negative emotions, eliminating the valence of negative emotions through repetition and exposure, and acting as a means towards ending maltreatment and other aversive situations for youth (Bootzin, 1997; Lepore, Greenberg, Bruno, & Smyth, 2002; Sloan & Marx, 2004; Ullman, 2003). However, the disclosure of abusive experiences is not a typical response, at least not immediately following such experiences (Kogan, 2004; Priebe & Svedin, 2008; Smith et al., 2000; Ullman, 2003). The majority of children and adolescents who have experienced abuse choose not to disclose their abuse, delay sharing these experiences with others into adulthood, or sometimes fail to disclose at all (Kogan, 2004; Priebe & Svedin, 2008; Smith et al., 2000; Ullman, 2003). Moreover, if adolescents choose to disclose abuse during youth, they are more likely to confide in their peers than their parents (Hershkowitz, Lanes, & Lamb, 2007; Kogan, 2004; Priebe & Svedin, 2008).

Although a large majority of the disclosure literature focuses on sexual abuse to the exclusion of other maltreatment types and adversities due to the secrecy that frequently envelopes it, difficulty with disclosure of stressful experiences is not unique to sexual abuse (Foynes, Freyd, & DePrince, 2009). Adolescents often partially or entirely withhold information from their parents related to their own behavioral misconduct, distressing experiences related to peers and romantic relationships, issues with schoolwork, and other concerns (Marshall, Tilton–Weaver, & Bosdet, 2005; Smetana, Metzger, Gettman, & Campione–Barr, 2006; Smetana, Villalobos, Tasopoulos–Chan, Gettman, & Campione–Barr, 2009). Nondisclosure is considered problematic because abusive and distressing experiences will likely persist without intervention, leaving youth

to independently bear the emotional repercussions of these experiences. Thus, much research has focused on better understanding the factors that promote youth disclosure of stressful and traumatic experiences as a critical step in supporting youth and helping them overcome negative life events.

Disclosure of Child Maltreatment

The disclosure of childhood adversities is a complex developmental process, often occurring across the lifespan, with numerous factors that influence a child's willingness to disclose (Alaggia, 2004; Hunter, 2011; Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005; Kogan, 2004). Empirical studies have focused most heavily on the influence of child demographic factors, maltreatment characteristics, and the child's fears of negative consequences. In terms of child demographics, results are inconsistent. Some research suggests that females are more likely to disclose (Priebe & Svedin, 2008) while other research suggests the same for males (Ungar, Tutty, McConnell, Barter, & Fairholm, 2009). Still, other research finds no differences in disclosure rates based on gender (Goodman–Brown, Edelstein, Goodman, Jones, & Gordan, 2003). In their review of the literature on gender and disclosure, Tang and colleagues (2007) found that females were more likely to disclose than males. At the same time, they cautioned that such differences might yet be influenced by gender differences in willingness to disclose abuse. Likewise, in terms of age, some research suggests that older children and adolescents are more likely to delay disclosure (Goodman–Brown et al., 2003), whereas other research suggests the same for younger children (Smith et al., 2000; Hershkowitz et al., 2007). Kogan (2004) found varying rates of disclosure when children were grouped by age of abuse onset. Children less than 7 were likely to delay disclosure, children

between the ages of 11 and 13 were more likely to disclose within a month, and adolescents between the ages of 14 and 17 exhibited the greatest tendency to delay disclosure. Given these inconsistencies, predicting disclosure based on youth demographic factors has significant limitations.

Child maltreatment characteristics and children's fears of negative consequences following disclosure have shown to be better predictors of disclosure. The abuse survivor's relationship to the perpetrator consistently demonstrates that when the abuse is perpetrated by a family member or someone close to the survivor, disclosure is much more likely to be delayed (Arata, 1998; Foynes et al., 2009; Kogan, 2004; Marriott, Lewis, & Gobin, 2016; Smith et al., 2000; Ullman, 2007). Young children abused by family members or other trusted individuals might fail to disclose because they lack an understanding that their experiences with the perpetrator are abusive (Crisma, Bascelli, Paci, & Romito, 2004). Older children may feel conflicted in knowing that a person they love and trust is also abusing them. The concurrent states of dependence and abuse create conflict for the child in terms of the need to maintain a relationship with the perpetrator and the need to protect oneself. According to betrayal trauma theory (DePrince et al., 2012; Freyd, 1996; Kaehler, Babcock, DePrince, & Freyd, 2013), abuse perpetrated by someone the child trusts (e.g., high betrayal trauma) is associated with children's use of dissociation or other emotion regulation strategies to remain unaware or less aware of their abusive experiences, and is consequently associated with a greater likelihood of delayed disclosure (Foynes et al., 2009). Alternatively, children abused by someone close may be less likely to disclose the abuse in order to protect a nonoffending parent who also relies on the perpetrator for financial or emotional support (Crisma et al., 2004).

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Children abused by family members or trusted individuals tend to fear that if they disclose the abuse, they either will not be believed or will be blamed for the abuse (Crisma et al., 2004; Jensen et al., 2005). Other common fears include concerns that the perpetrator will be punished or sent to jail, that the child's family will be broken up as a result, or that the child will be punished (Goodman–Brown et al., 2003; Jensen et al., 2005). Within the context of betrayal trauma, these fears are logical, and if actualized, could have negative consequences for both the child and the family. Moreover, delaying disclosure may actually be adaptive in that, contrary to the common belief that disclosure is generally beneficial, disclosure can actually be harmful to the child (Ullman, 2003).

The benefits of disclosing traumatic or stressful experiences are dependent upon the disclosure recipient's response. Children who are not believed, feel blamed, or are otherwise unsupported, tend to have more psychological distress compared to children who feel supported following their disclosures (Elliott & Carnes, 2001; Ullman, 2003). These findings extend to treatment for sexual abuse, where children tend to have better psychological outcomes when parental support is provided (Cohen & Mannarino, 1998). Unsupportive reactions are common and occur more frequently when the disclosed abuse is more severe, perpetrated by someone related or close to the survivor, or disclosed during childhood, especially when intrafamilial abuse is disclosed to nonoffending parents (Arata, 1998; Goodman–Brown et al., 2003; Hershkowitz et al., 2007; Lamb & Edgar–Smith, 1994; Roesler & Wind, 1994; Priebe & Svedin, 2008; Ullman, 2007). Parental social reactions are highly predictive of psychological distress following disclosure (Elliott & Carnes, 2001; Spaccarelli & Kim, 1995). Moreover, the effects of negative social reactions to disclosure appear to be moderated by traumas higher in

betrayal. Ullman (2007) found that more posttraumatic stress disorder symptoms were reported by abuse survivors who received negative responses to their childhood disclosures of abuse perpetrated by a relative compared to those who received negative responses for non–relative perpetrated abuse. Furthermore, receiving a supportive response from a parent following disclosure is associated with more positive mental health outcomes for youth compared with disclosure to their peers or other relatives (Feiring, Taska, & Lewis, 1998). Likewise, youth who exclusively rely on their peers tend to be less satisfied with the support they receive (Feiring et al., 1998). Thus, although the disclosure of childhood maltreatment has the potential to be beneficial especially when disclosed to parents, it is also the case that disclosure, particularly of high betrayal traumas, is often received negatively and can be more harmful than helpful to the child.

Because the disclosure of stressful and traumatic experiences is not always advantageous, it would be prudent for youth to be able to predict whether or not their disclosure would be met with support. Bussey and Grimbeek (1995) proposed a social cognitive model of childhood disclosure where a child's decision to disclose is predicated on the child's beliefs around how the potential disclosure recipient will respond to the disclosure. This theory further defines disclosure as a process rather than a discrete event, yet expands upon the literature's conceptualization by proposing that disclosure is not a one–way interaction, and that children consider the relational context within which the disclosure will occur. Much of the extant quantitative literature on disclosure is limited in that it focuses more on child– and abuse–related factors, without considering the transactional, relational context within which disclosures actually occur.

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Qualitative studies provide some initial support for the idea that children consider how their parents will respond to the disclosure of abuse when deciding whether it is in their best interest to disclose. This research suggests that youth closely consider their relationship with their parents, as well as the parents' abilities and needs. Children may choose not to disclose to a parent if they perceive the parent as too emotionally unstable to confide in, being negatively affected by the disclosure, or not trustworthy or available for support (Crisma et al., 2004; Hershkowitz et al., 2007; Jensen et al., 2005; Schönbucher, Maier, Mohler–Kuo, Schnyder, & Landolt, 2012). Moreover, children who delayed disclosure, were prompted to disclose, or disclosed to someone other than a parent during childhood were more likely to have parents who were less supportive following the disclosure compared to parents of children who disclosed to them immediately (Hershkowitz et al., 2007). This finding suggests that children who delay disclosure may do so because they accurately perceive that their parents will respond in an unsupportive manner, providing initial support for Bussey and Grimbeek's social cognitive theory of disclosure.

Adolescent Disclosure of Behavioral Misconduct and Personal Information

Quantitative research outside of the child maltreatment field supports the idea that youth not only consider their parents' reactions prior to disclosing behavioral misconduct or personal information, but also that a youth's decision to share such information is based on parental reactions to prior disclosures. Although parents were once thought to be the primary agents in obtaining knowledge regarding their youth through active questioning and monitoring, more recent research finds that parental knowledge is primarily gained through youth self–disclosure (Cumsille, Darling, & Martínez, 2010;

Kerr & Stattin, 2000; Stattin & Kerr, 2000). As active agents in the disclosure process,

youth do not merely disclose to their parents upon request (Keijsers, Branje, Van der

Valk, & Meeus, 2010; Soenens, Vansteenkiste, Luyckx, & Goossens, 2006), but decide

how much and what specific information to share, withhold, or modify (Cumsille et al.,

2010; Laird & Marrero, 2010; Marshall et al., 2005; Smetana et al., 2006; 2009) in order

to temper parental reactions to the disclosure, as well as to preserve the parent–youth

relationship (Golish & Caughlin, 2002; Tilton–Weaver & Marshall, 2008). Longitudinal

work examining youth disclosure of daily activities supports a transactional process

whereby youth who feel more connected to their parents, as a result of their parents'

positive reactions to prior disclosures, are more likely to make subsequent disclosures,

compared with youth who feel less supported based on negative reactions to prior

disclosures (Tilton–Weaver et al., 2010). Likewise, mothers' dispositional tendency

towards anger has been linked to children who are more secretive about what they do in

their free time (Almas, Grusec, & Tackett, 2011), suggesting that when children perceive

their mother's response to involve anger, they are less likely to divulge personal

information. Thus, youth actively manage the information they share with parents, and

their decisions to disclose information regarding their daily activities, personal

information, or wrongdoings to parents depends on their expectations of parental

responses. These expectations are driven by parents' responses to prior disclosures, as

well as their parents' expected emotional response and adolescents' perceptions of how

the disclosure will impact their relationship with their parent. Much less, however, is

known regarding how parental responses to youths' prior disclosures are related to

youths' disclosure process for emotionally distressing experiences.

Parental Response to Youth Expression of Negative Emotion

A line of research that may be particularly relevant for better understanding the disclosure process for emotionally distressing experiences in youth is research examining emotion socialization. Parental emotion socialization pertains to the parenting behaviors involved in the shaping of children's emotion understanding and emotion regulation (Eisenberg, Cumberland, & Spinrad, 1998; Zeman, Cassano, & Adrian, 2013). Although there is a diverse range of behaviors that parents can use to socialize emotion in their children, including the discussion of emotion and the parent's own expression of emotion, parental response to children's emotions, especially negative emotions, is considered to be one of the most important methods of emotion socialization (Eisenberg et al., 1998; Eisenberg et al., 1999). The manner in which parents respond to children's negative emotions communicates to youth the types and degrees of emotional expression that are considered appropriate or acceptable to the parent, as well as particular strategies, modeled or scaffolded by parents, to manage negative emotion. Likewise, parental response to children's negative emotions also communicates to youth what types of experiences and emotional expressions will not be supported or tolerated. Because the disclosure of distressing experiences frequently involves the expression of negative affect, research examining parental responses to youth negative affect may be particularly informative when thinking about the relational factors that promote or inhibit youths' disclosure of distressing experiences

Parental responses to youth negative affect can most broadly be described as supportive and unsupportive (Eisenberg et al., 1998; Fabes, Poulin, Eisenberg, & Medden–Derdich, 2002) or validating and invaliding (Linehan, 1993; 1997), depending

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on the literature reviewed (these terms will be used interchangeably throughout). Supportive responses are those that encourage the expression of negative emotions through the use of comfort and acceptance of the emotion, as well as the provision of support or strategies for managing the emotion or solving the problem. Validating responses, in particular, are those that communicate acceptance of the emotion and of the child. Strategies for changing the emotion or the problem may not necessarily be validating, but conveying advice in a nonjudgmental manner can be a method of communicating acceptance. Unsupportive or invalidating responses are those that minimize the youths' experience, punish the youth for expressing the emotion, and communicate that the experience or associated emotion is illogical, unwarranted, too extreme, or inappropriate. Unsupportive responses may be communicated with hostility, or with a sense of indifference, where the emotion and child are largely devalued and ignored, respectively.

Despite early research on emotion socialization primarily focusing on periods of early development such as infancy and early childhood, emotional maturity is not reached until the mid–20's (Steinberg, 2008), and parents continue to play an influential role in their children's emotional development even as children enter adolescence and begin to rely more on their peers for emotional support (Hunter et al., 2011; Klimes–Dougan et al., 2007; Morris et al., 2007). Moreover, parental support of children's emotional experiences may be particularly important during adolescence due to adolescents' heightened stress, emotional lability and vulnerability, and increased risk for psychological distress (Carter & Garber, 2011; Dahl, 2001; Kessler et al., 2005; Madge et al., 2011; Steinberg, 2005; Steinberg & Morris, 2001). Although both mothers and fathers

are involved in emotion socialization processes, they diverge in the manner in which they respond to their children's negative emotions, with mothers being more involved and more likely to provide support in response to child distress (Klimes–Dougan et al., 2007; Nelson et al., 2009). Given these differences, and that youth are more likely to express negative emotion to and seek emotional support from their mothers (Smetana et al., 2006; Zeman & Garber, 1996), the current study focused specifically on mothers, and thus, the remainder of this review does as well.

Maternal response to youth emotion, and negative emotion in particular, has also been linked to myriad socioemotional consequences for youth. Mothers who invalidate their children's emotions by minimizing, punishing, or becoming distressed by their children's negative emotions heighten or extend their children's corresponding physiological arousal, which in turn increases the likelihood that the children will engage in dysregulated emotion regulation strategies and behaviors, such as attempting to control or avoid emotional experience and expression (Eisenberg, Fabes, & Murphy, 1996; Gottman, Katz, & Hooven, 1996; 1997). In addition to greater negative emotion regulation difficulties, children whose mothers are less responsive to their expressions of negative emotion also tend to express their negative emotions more intensely, to lack coping skills to manage negative emotions, and to be less empathic and prosocial with their peers (Davidov & Grusec, 2006; Fabes, Leonard, Kupanoff, & Martin, 2001; McElwain, Halberstadt, & Volling, 2007; Sanders, Zeman, Poon, & Miller, 2015). Moreover, adolescents who receive less validation of their negative emotions are more likely to experience internalizing and externalizing behavioral problems and psychological distress (Klimes–Dougan et al., 2007; Sanders et al., 2015; Shortt,

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Stoolmiller, Smith–Shine, Eddy, & Sheeber, 2010; Stocker, Richmond, Rhoades, &

Kiang, 2007). Importantly, maternal responses to youth negative emotion appear to be

distinct from related parenting constructs such as warmth and positive parenting

(Davidov & Grusec, 2006; Gottman et al., 1996). These findings highlight the role of

maternal responsiveness to youth emotional distress in helping youth to regulate their

negative emotions and promote optimal socioemotional functioning through maternal

support and modeling.

Despite a consistent association between maternal response to youth negative

emotion and socioemotional consequences for youth, less is known regarding whether

more validating and less invalidating maternal responses to youth negative emotion

impact the frequency and depth with which youth share distressing experiences with their

mothers. The limited research in this area suggests that youth may be more likely to

express their negative emotions with mothers who are more supportive in response to

their emotional distress. Youth who expect a parent's response to be supportive report a

greater desire to express emotion to that parent (Fuchs & Thelen, 1988; Zeman &

Shipman, 1997). Likewise, adolescents who perceive their relationships with their parents

to be more positive and the level of communication to be more open, reported higher

rates of emotional disclosure to them (Papini, Farmer, Clark, Micka, & Barnett, 1990).

This research is limited, however, in that it relied exclusively on youth self–report and

assessed hypothetical situations rather than emotionally distressing situations relevant to

the youth, in a context where youth did not actually have an opportunity to disclose their

feelings to their parents.

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Part II: Maternal Trauma, Emotional Distress and Regulation

What Factors Promote Maternal Validating and Invalidating Responses to

Children's Emotionally Distressing Disclosures?

A principal limitation of the emotion socialization literature is that it provides little understanding of the factors that place mothers at risk for reacting negatively to their children's emotions. Limited research suggests family stress and maternal psychological distress may be related to maternal validating and invalidating responses to children's negative emotions. Nelson and colleagues (2009) found a connection between marital dissatisfaction and less maternal validation of youth negative emotion, as well as between greater maternal perception of chaos at home and more invalidating responses (Nelson et al., 2009). Likewise, Breaux, Harvey, & Lugo–Candelas (in press) found that mothers symptoms' of psychological distress–spanning anxiety, depression, substance use, and borderline personality disorder symptoms–were differentially related to mothers' invalidating responses of their children's negative affect. In contrast, mothers' psychological symptoms were not related to their use of validating responses.

Given these initial findings linking maternal stressors and psychological distress to mothers' validating and invalidating behaviors, one probable pathway towards dismissing, trivializing, and punishing a child's negative emotion may first involve a mothers' inability to tolerate and regulate her own negative emotions. A second, and more proximal unexamined pathway, may involve a mother's inability to tolerate an increase in emotional distress, specifically in response to her child's negative emotion. Emotion regulation within the context of parenting is thought to be more complex than emotion regulation outside of parenting given that parents are charged to help their

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children to regulate emotion, while simultaneously managing their own emotional distress (Rutherford, Wallace, Laurent, & Mayes, 2015). Parenting contexts that enhance maternal negative emotion resulting from child misbehavior or negative affect, may, for example, require mothers to inhibit or tolerate their negative emotions, while also increasing positive affect in order to engage their child effectively (Maliken & Katz, 2013).

Parenting, in and of itself, is a profoundly emotional endeavor, yet mothers have differing beliefs regarding their emotions and the emotions of their children which influence how mothers respond to them (Dix, 1991). Akin to Fabes' and Eisenberg's conceptualization of parental responses to children's negative emotion as a primary component of emotion socialization, Gottman and colleagues (1996) proposed a similar model of parental emotion socialization that they termed parental meta–emotion. Although their model overlaps with that of Fabes' and Eisenberg's in terms of theorizing how parental responses to child negative emotion impacts the child's socioemotional development, it differs in that parental meta–emotion focuses specifically on the parent's emotions about their own and their children's emotions. In describing the mothers who tended to engage in unsupportive or invalidating responses to their children's negative emotions, Gottman and colleagues described parents who preferred their children to be happy and found it painful when their children expressed negative emotions. Invalidating parents tended to view their children's negative emotions as toxic and perceived it as their responsibility to help terminate negative emotions. Thus, these parents tended to perceive their emotions, as well as their children's emotions, as bad and highly distressing. In contrast, parents who were more validating of their children's emotions

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viewed child negative emotion as an opportunity for intimacy or for teaching. They perceived the expression of negative emotion as an opportunity to learn something and for growth or connection. They did not tend to feel overwhelmed or powerless as a result of their or their children's negative emotions, and thus, aside from the feelings of sadness, anger, anxiety, etc., they did not tend to feel additionally distressed.

For mothers who believe that negative emotions are bad or uncontrollable or lack the emotion regulation skills to manage their own negative emotions, children's emotions may be experienced as more overwhelming, and managing one's own emotions under these circumstances may be even more challenging. Thus, maternal emotional distress in response to youth negative emotion may make it more challenging for mothers to respond to their children's negative emotional expressions with high levels of support, as mothers who are emotionally distressed themselves may not be capable of inhibiting their own emotions in order to respond supportively to their children. Such distressed mothers may be more likely to invalidate their children's expressions of negative emotion, even when this is not their intent. Rather, minimizing or punishing their children's negative emotions may simply be a method of managing their own, as well as their children's emotional distress. For mothers who believe that it is their responsibility to eliminate their children's experience of negative emotion, minimization or punishment of the child's negative emotion may be perceived as an effective response. Thus, the identification of mothers who become emotionally distressed in response to their children's expressions of negative emotions, as well as mothers who struggle with their own emotion regulation difficulties, may be informative in determining the factors associated with parental validation and invalidation of their children's negative emotions.

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Maternal Trauma History, Maternal Emotion Regulation and Emotional Distress

One particularly important group of mothers to examine who may be at greater risk for becoming emotionally distressed in response to their children's expressions of negative emotions are those with a trauma history. Childhood trauma has consistently been associated with greater emotion regulation difficulties and the experience of psychological distress as an adult (Anda et al., 2006; Breslau et al., 2005; Cloitre et al., 2009; Copeland et al., 2007; Dong et al., 2004; Ehring & Quack, 2010; Goldsmith, Chesney, Heath, & Barlow, 2013; Green et al., 2010; Min, Minnes, Kim, & Singer, 2013; Power et al., 2013; Thomas, DiLillo, Walsh, & Polusny, 2011). Moreover, difficulties with emotion regulation and greater psychological distress tend to be more prevalent among survivors of traumas higher, compared to lower, in betrayal (Edwards, Freyd, Dube, Anda, & Felitti, 2012; Ehring & Quack, 2010; Goldsmith et al., 2013; Green et al., 2010; Martin, Cromer, DePrince, & Freyd, 2013; Martin, Van Ryzin, & Dishion, 2016). In accordance with betrayal trauma theory (DePrince et al., 2012; Freyd, 1996; Kaehler et al., 2013), children who are abused by someone close to them (e.g., high betrayal trauma) may be more likely than children who are abused by someone not close to them (e.g., moderate betrayal trauma) to engage in suppression or dissociation of the abuse in order to maintain a relationship with someone that they rely on for their emotional or physical well–being (DePrince, 2005; Freyd, DePrince, & Zurbriggen, 2001; Freyd, Klest, & Allard, 2005; Goldsmith et al., 2013). Abusive and emotionally invalidating environments during childhood may limit the opportunity for children to seek emotional support from their mothers or the ability to identify and regulate negative emotions. Although adaptive in an abusive environment, emotion regulation strategies that rely on

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avoidance and suppression may endure as primary methods to manage emotion outside of abusive environments and become problematic (Krause, Mendelson, & Lynch, 2003).

In addition to poor emotion regulation, a childhood history of abuse has likewise been associated with problematic parenting as an adult. Mothers with abuse histories report lower levels of parenting confidence, more parent–related stress, and less emotional control during parent–child interactions (Cole, Woolger, Power, & Smith, 1992; Schuetze & Das Eiden, 2005). Likewise, maternal history of childhood trauma has been associated with mothers' decreased responsivity and empathy and increased propensity towards punishing and authoritarian parenting styles (Bert, Guner, Lanzi,& Centers for Prevention of Child Neglect, 2009). These findings make sense when considering the associations between childhood trauma and emotion dysregulation and that parenting is a highly emotional endeavor. These mothers may find it particularly challenging to tolerate and manage the negative emotions that arise while parenting, further making it challenging for them to respond supportively to their children's negative emotions.

Validation and Invalidation in Abusive Environments

Although little is known regarding how mothers who were abused as children respond to their children's expression of negative emotion, some research has examined child and parent perception of parental emotional responsiveness in maltreated children. Specifically, girls who were sexually abused were more likely to inhibit their emotions to avoid conflict with their mothers and less likely to express emotion to obtain an interpersonal goal such as solving a problem or getting support compared to girls who were not maltreated (Shipman, Zeman, Fitzgerald, & Swisher, 2003). More so than girls

without a maltreatment history, girls who had been sexually abused believed that they would receive less support, particularly from their fathers, following the expression of their negative emotions (Shipman et al., 2003). Likewise, for girls with a history of physical abuse, their mothers provided more invalidation and less validation of the girl's emotions than did mothers of children without a history of abuse (Shipman et al., 2007). Finally, in an adult sample of women reporting histories of childhood sexual abuse, the severity of the abuse was found to be associated with fewer self–reported parental supportive responses to their expressions of negative emotion during childhood (Thomas et al., 2011). In sum, these findings suggest that abusive parents and the parents of children who have been abused tend to provide less validating and more invalidating responses to their children's negative emotions, which may in part be related to their tendency to become more emotionally distressed in response to their children's negative emotions (Shipman & Zeman, 2001). Less is known, however, about emotion socialization for mothers with an abuse history, and their validating and invalidating behaviors in response to their children's negative emotions.

Mothering as a Trauma Survivor

Wright and colleagues (2012) theorize that the experience of mothering as a trauma survivor depends on the mother's progress in terms of recovery. In their qualitative analysis, they found that prior to starting recovery, mothers identified being unable to differentiate between their children's needs and those of their own. During the initial stages of recovery, an awareness of the prior trauma and its effects were associated with significant emotional pain that challenged the mothers' abilities to control their overwhelming emotions. This often led to mothers being emotionally numb and

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unavailable, minimizing their children's negative emotions. In contrast, as women progressed in their recovery, they became less overwhelmed by their emotions and felt that they could better differentiate their own needs from those of their children, leading them to better identification and support of their children's emotional needs. These results suggest that mothers further along in recovery are likely better attuned to their own emotions as well as those of their children, and better able to manage their own strong emotions, as well as their children's.

Revictimization: Connecting Childhood Trauma and Negative Adult Outcomes

One primary factor that likely impedes women on their road to recovery is continued exposure to interpersonal violence and abuse as an adult. Unfortunately, exposure to child maltreatment, and particularly traumas high in betrayal, significantly increases the chances of being revictimized as an adult (Gobin & Freyd, 2009; Ullman, 2016; Werner et al., 2016). In turn, adult revictimization is associated with greater risk for psychological distress, as well as parenting problems as an adult (Banyard, Williams, & Siegel, 2003; Gobin & Freyd, 2009; Pratchett & Yehuda, 2011; Simmel, Postmus, & Lee, in press; Stevens et al., 2013; Ullman, 2016; Werner et al., 2016). Although much of the research examining the consequences of child maltreatment in adulthood does not control for the effects of subsequent trauma endured as an adult (e.g., Anda et al., 2006; Green et al., 2010), some research suggests that childhood abuse may not be directly associated with psychological distress, but rather, is indirectly associated with psychological distress through revictimization (Lilly, London, & Bridgett, 2014; Ullman, 2016). Such findings support a developmental pathway where childhood trauma is

associated with an increased likelihood for re–experiencing trauma as an adult, which, in turn, is associated with poor psychological distress (Lilly et al., 2016).

<center>**Part III: Putting the Pieces Together**</center>

Model 1: Maternal Distress and Validating and Invalidating Responses to Adolescent Negative Emotion and Adolescent Disclosure

The idea that the quantity and quality of adolescents' disclosures of distressing experiences to their mothers may depend, in part, on the adolescents' perceptions of their mothers' response to the disclosure is supported in qualitative research on child maltreatment (e.g., Schönbucher et al., 2012) and quantitative research on youth disclosure of daily activities (e.g., Tilton–Weaver et al., 2010), as well as youths willingness to disclose their negative emotions to their mothers (e.g., Zeman & Shipman, 1997). The current model specifically identifies maternal validating and invalidating responses to adolescent negative emotion as being associated with adolescent disclosure of distressing experiences. Further, provided that much less is known regarding the factors associated with maternal validation and invalidation, this model proposes that mothers who become emotionally distressed in response to their adolescents' negative emotions may be less likely to validate and more likely to invalidate their adolescents' negative emotion. Finally, the model proposes that maternal emotional distress in response to adolescent negative emotion is also indirectly related to adolescents' disclosures of distressing experiences to their mothers through behaviorally observed maternal validation and invalidation, as well as through adolescents' perceptions that their parent's reaction will not be particularly validating, and may even be invaliding (Figure 1; see Appendix A for all figures).

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Model 2: Maternal Risk for Emotional Distress in Response to Adolescent Negative Emotion

Childhood trauma, particularly when perpetrated by someone close to the child, has consistently been associated with negative psychological outcomes for adults (Edwards et al., 2012; Green et al., 2010), as well as emotion regulation difficulties (Ehring & Quack, 2010; Goldsmith et al., 2013). Provided that parenting is a highly emotional endeavor and that childhood trauma has been implicated in greater parenting stress and less parenting confidence and sensitivity (Cole et al., 1992; Morris et al., 2007; Schneider et al., 2009; Schuetze & Das Eiden, 2005; Shaw et al., 2006), it may be that mothers' difficulties in regulating their own emotions are likewise implicated in their ability to respond to their children's negative emotions. Specifically, mothers with histories of high betrayal traumas, compared to mothers with moderate betrayal trauma histories (e.g., interpersonal traumas perpetrated by an individual who was not close to the victim) or without a history of trauma, may become more emotionally distressed in response to their adolescents' negative emotions resulting from poor emotion regulation. Moreover, given the associations between childhood trauma and subsequent interpersonal revictimization in adulthood (e.g., Ullman, 2016; Werner et al., 2016) a developmental model examining maternal risk for becoming distressed in response to adolescent negative emotion is proposed, where childhood high betrayal trauma is associated with greater maternal distress through early adult trauma exposure and current emotion regulation difficulties (Figure 2).

The Current Study

The purpose of the current study is to investigate the dynamic process of disclosure within the adolescent–mother relationship and to test theory (Bussey & Grimbeek, 1995) and expand upon qualitative research (Crisma et al., 2004; Hershkowitz et al., 2007; Jensen et al., 2005; Schönbucher et al., 2013) suggesting that youth consider how their mothers will respond to their disclosures before disclosing a distressing experience to them. As previously discussed, mothers were selected given their continued role in emotion development during adolescence and for their involvement in responding to their adolescents' distressing negative emotions (Hunter et al., 2011; Klimes–Dougan et al., 2007; Morris et al., 2007; Nelson et al., 2009; Smetana et al., 2006).

The current study extends prior research in multiple ways. First, given the frequency of delayed and nondisclosure of stressful childhood experiences, most studies investigating the disclosure of childhood abuse are retrospective reports from adult female trauma survivors (e.g., Smith et al., 2000). Likewise, studies examining youth disclosure of behavioral misconduct, personal information, or daily activities tend to solely rely on self–report data from youth regarding their tendencies around disclosure and secrecy with their parents (e.g., Tilton–Weaver et al., 2010) or assess youth desire to share their emotions with their parent in response to hypothetical vignettes without examining distressing experiences that are personally relevant to the youth (Zeman & Shipman, 1997). Moreover, when disclosure studies do incorporate a disclosure task, they rarely encompass the natural context within which disclosures occur (c.f., Foynes & Freyd, 2013), with the role of receiving disclosures tending to be assigned to research confederates (e.g., Lepore, Fernandez–Berrocal, Ragan, & Ramos, 2004), rather than

someone the discloser knows and to whom he or she would actually make a disclosure. To overcome these limitations and to enhance the ecological validity of the study, the adolescents in the current study disclosed an emotionally distressing experience to their mothers for the first time.

Another limitation of the extant research on disclosure is that disclosures of stressful experiences are typically assessed dichotomously in terms of being disclosed or not (e.g., Smith et al., 2000). This approach is limited in that it incorrectly assumes that when a disclosure is made, all the pertinent information is shared (Cumsille et al., 2010; Staller & Nelson–Gardell, 2005; Sjöberg & Lindblad, 2002). Rather, disclosures of maltreatment and other distressing experiences are often made piecemeal, with youth gauging the disclosure recipients' response to initial, limited aspects of the disclosure before disclosing fully (Gonzales, Waterman, Kelly, McCord, & Oliveri, 1993; McElvaney, Greene, & Hogan, 2012). This disclosure process often results in survivors of maltreatment making multiple attempts to disclose before making a full disclosure (Staller & Nelson–Gardell, 2005). Additional research suggests that youth frequently withhold or distort certain aspects of the experiences they are disclosing to avoid parental disapproval or punishment, promote autonomy, or because of feelings of embarrassment or shame (Cumsille et al., 2010; Hershkowitz et al., 2007; Hunter, 2011; McElvaney et al., 2012; Schönbucher et al., 2012; Sjöberg & Lindblad, 2002; Yau, Tasopoulos–Chan, & Smetana, 2009). When considering the potential benefits of disclosure, one of the primary benefits is gaining emotional support from others (Frattaroli, 2006; Nils & Rimé, 2012; Saxena & Mehrotra, 2010). However, in order to receive optimal support, it may be important to disclose the most distressing aspects of the experience as well as how the

experience made the youth feel about themselves, as more detailed disclosures have been associated with better psychological functioning (Ullman & Filipas, 2005). Thus, it appears that more optimal outcomes are obtained when supportive reactions are received following the disclosure of the substantive details of the experience. However, even when mothers are trying to be supportive of their children they can vacillate in their level of supportiveness (Bolen & Lamb, 2004; 2007) in such a way that may leave their children to feel unsupported. Thus, in order for a disclosure to be efficacious, youths themselves need to perceive the disclosure recipient's response as helpful and supportive (Ullman, 2010).

To overcome the limitations in restricting disclosure to the prototypical dichotomous outcome, the current study assessed disclosure in three distinct ways. Substantive disclosures, considering the quantity and quality of pertinent information disclosed, as well as efficacious disclosures, where adolescents reported how helpful it was to disclose to their mothers, were both examined. Finally, in line with prior work, a dichotomous disclosure outcome was examined where adolescents' disclosures of the distressing experiences that they would most want to share with their mother were assessed as disclosed to their mother during the study or not.

Additional limitations of the extant research on the disclosure of stressful life experiences were addressed in the current study. Prior work has primarily focused on child– or event/abuse–specific characteristics as the predictors of disclosure (e.g., Goodman–Brown et al., 2003). In line with research examining adolescents' decisions to disclose daily activities to their mothers based on mothers' prior responses to such disclosures (Tilton–Weaver et al., 2010), the current study examined whether

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adolescents' decisions to disclose emotionally distressing experiences are likewise based on adolescents' perceptions of how validating and invaliding they perceive their mothers to be in response to their expression of negative emotion. Furthermore, in contrast to the majority of prior studies that have relied on self–report to assess validating and invalidating responses to youth emotional distress (e.g., Sanders et al., 2015) and one study that relied solely on behavioral observation (e.g., Shenk & Fruzzetti, 2014), the current study incorporated youth self–report and behavioral observation of maternal validating and invalidating behaviors during the adolescents' disclosure. Finally, although a large literature consistently supports a relationship between maternal response to youth negative emotion and poor youth outcomes (e.g., Eisenberg et al., 1996; Gottman et al., 1996; Sanders et al., 2015), less is known regarding what factors put mothers at risk for invalidating their children's negative emotions. Thus, the current study examined a developmental model of the associations between maternal childhood trauma, reexposure to trauma as an early adult, current maternal emotion regulation difficulties, and maternal distress in response to adolescent negative emotion. In turn, maternal distress in response to adolescent negative emotion was examined as a predictor of less maternal validation and more maternal invalidation of adolescent negative emotion.

Study Aims, Hypotheses, and Research Questions

  Aim 1. To examine the relational context through which disclosures of distressing experiences occur among adolescents and their mothers (Figure 1), where disclosures are assessed by the quantity and quality of the information that the adolescents choose to share with their mothers during the disclosure (i.e., substantive disclosure), how beneficial the adolescents found disclosing to be (i.e., efficacious disclosure), and

whether or not the adolescents disclosed the distressing experience they would most want to share with their mothers under ideal circumstances (i.e., ideal disclosure).

Research questions

Research Question 1.1. What are the types of experiences adolescents find distressing? Specifically, what are the types of distressing experiences that adolescents would most want to tell their mothers under ideal circumstances, and what are the types of distressing experiences that they actually share with their mothers?

Research Question 1.2. How distressing do the adolescents find the experiences they chose to verbally disclose to their mothers to be? Do their mothers agree that these experiences are distressing to them?

Research Question 1.3. What is the relationship between observer coded and adolescent perceptions of maternal validating and invalidating behaviors? Specifically, do the coders differ from the adolescents in a fundamental way?

Direct effects

Maternal emotional distress in response to adolescent expression of negative emotion is hypothesized to be:

Hypothesis 1.1. negatively associated with adolescent perception of maternal emotion validation;

Hypothesis 1.2. positively associated with adolescent perception of maternal emotion invalidation;

Hypothesis 1.3. negatively associated with behaviorally coded maternal emotion validation; and

Hypothesis 1.4. positively associated with behaviorally coded maternal emotion invalidation.

In turn:

Hypothesis 1.5. greater adolescent perceived maternal validation is hypothesized to be associated with more substantive, efficacious, and ideal disclosures from adolescents;

Hypothesis 1.6. greater adolescent perceived maternal invalidation is hypothesized to be associated with less substantive, efficacious, and ideal disclosures from adolescents;

Hypothesis 1.7. greater behaviorally coded maternal validation is hypothesized to be associated with more substantive and efficacious disclosures from adolescents;

Hypothesis 1.8. greater behaviorally coded maternal invalidation is hypothesized to be associated with less substantive and efficacious disclosures from adolescents;

Indirect effects

Hypothesis 1.9. Less maternal emotional distress in response to adolescent negative emotion is hypothesized to indirectly predict more substantive, efficacious, and ideal adolescent disclosures of distressing experiences through adolescent perceived maternal emotion validation;

Hypothesis 1.10. Greater maternal emotional distress in response to adolescent negative emotion is hypothesized to indirectly predict less substantive, efficacious, and ideal adolescent disclosures of distressing experiences through adolescent perceived maternal emotion invalidation;

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Hypothesis 1.11. Less maternal emotional distress in response to adolescent negative emotion is hypothesized to indirectly predict more substantive and efficacious adolescent disclosures of distressing experiences through behaviorally coded maternal emotion validation;

Hypothesis 1.12. Greater maternal emotional distress in response to adolescent negative emotion is hypothesized to indirectly predict less substantive and efficacious adolescent disclosures of distressing experiences through behaviorally coded maternal emotion invalidation.

Aim 2. To examine a developmental model of mothers' history of childhood trauma on their experience of emotional distress in response to their adolescents' expression of negative emotion through continued exposure to interpersonal trauma in early adulthood and current emotion regulation difficulties (Figure 2).

Direct effects

Hypothesis 2.1. Mothers with histories of high betrayal trauma in childhood are hypothesized to have a greater likelihood of experiencing subsequent interpersonal trauma as an early adult.

Hypothesis 2.2. In turn, interpersonal trauma as an early adult is hypothesized to be related to greater current difficulty for mothers in regulating their emotions.

Hypothesis 2.3. Finally, greater maternal emotion regulation difficulties are hypothesized to be associated with greater maternal emotional distress in response to adolescent expression of negative emotion.

Indirect effects

Hypothesis 2.4. Maternal childhood high betrayal trauma is hypothesized to indirectly predict greater maternal emotional distress in response to adolescent expression of negative emotion through continued exposure to interpersonal trauma as an early adult and greater maternal emotion regulation difficulties.

Hypothesis 2.5. Maternal childhood high betrayal trauma is hypothesized to indirectly predict greater difficulties with emotion regulation through continued interpersonal trauma as an early adult.

Hypothesis 2.6. Interpersonal trauma as an early adult is hypothesized to indirectly predict greater maternal emotional distress in response to adolescent expression of negative emotion through mothers' difficulties with emotion regulation.

METHOD

Participants

Participants were 66 adolescent–mother dyads, recruited to participate in a study aimed at learning more about how teens talk to their moms about distressing experiences. Participants were recruited using two strategies in an attempt to maximize the socioeconomic diversity and experiences of the sample. Almost a third of the dyads ($n = 19$) were recruited through a database maintained by the University of Oregon, where the families tend to be classified as middle and upper middle class households. The remaining two–thirds of the dyads were recruited through community outreach efforts ($n = 46$; it is unknown how 1 dyad was recruited). These community recruitment efforts included posting fliers in lower income areas of the community, as well as placing electronic advertisements (e.g., Craigslist) and advertisements in the local newspaper. In order to limit the self–selection bias of adolescent–mother dyads with close communication styles, where talking together about distressing experiences is a typical and efficacious practice, the community recruitment materials and advertisements were specifically aimed at mothers and adolescents who have a hard time talking to one another.

The adolescents were 12–18 years old ($M = 14.31$, $SD = 1.66$; 58% female), and their mothers were on average approximately 43 years old ($SD = 8.22$). The mothers primarily identified themselves and their adolescents as Caucasian (82% and 71%, respectively). Just over half (55%) of the mothers were married. A large majority of the mothers were biological mothers (96%), two mothers were stepmothers, and one mother

was an adoptive mother. The step and adoptive mothers had been involved in their caregiving roles with their children for at least five years. The mothers had an average of 2.61 children ($SD = 1.35$), ranging from 1 to 8 children. Sixty–two percent ($n = 41$) of the mothers were currently employed, and the average annual family income was approximately $53,000 ($SD = $48,294$, range = $0–250,000, median = $37,500).The level of mothers' education varied. See Table 1 for greater specificity of the participant demographics (see Appendix A for all tables).

As expected, there were significant socioeconomic differences between the mothers depending on whether they were recruited through the university database or through community outreach efforts. Specifically, compared with the mothers recruited through community outreach ($M = $40,800$, $SD = $34,500$), mothers from the database ($M = $81,300$, $SD = $64,600$) had a significantly higher annual family income, $t(63) = 3.39$, $p = .002$, and were significantly more likely to be employed, $X^2(1, N = 65) = 11.56$, $p = .001$.

Procedure

Pre–Disclosure Tasks. All study procedures were approved by the University of Oregon Institutional Review Board. Parent consent/permission and adolescent assent (and in the case the adolescent was 18 years old, adolescent consent) were obtained prior to participation. The adolescents and their mothers separately completed the assessments, each of which lasted approximately 2 – 2.5 hours. Adolescent and mother dyads first independently completed a series of self–report measures, all of which were completed using Qualtrics (Provo, UT), a web–based survey software. Two research assistants remained present, one with the mother and one with the adolescent, while they completed

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the questionnaires to answer questions, clarify instructions or item content, and to assist with technical issues.

   Disclosure Tasks. Approximately halfway through the assessment period, the adolescent–mother dyads completed the disclosure tasks, which were developed for the purposes of this study. First, the adolescents completed the 5–minute written disclosure task. The adolescents were asked to write for five minutes about a distressing experience where they felt sad, angry, ashamed, or another negative emotion. They were instructed to a) choose an experience that they had not previously shared with their mothers, and b) to write about the experience that they would most want to tell their mothers if they knew she would respond supportively and that she would provide helpful advice with little to no critical or negative feedback. The adolescents were assured that their written disclosure would not be shown to their mothers and that the researchers would not ask the adolescents to share it with their mothers. Following this written disclosure, the adolescents completed the Unsupportive Social Interactions Inventory (USII; Ingram et al., 2001) to rate how they thought their mothers would respond to their written disclosure if they actually shared with her the experience about which they wrote.

   Following the written disclosure task, adolescents were provided instructions regarding the verbal disclosure task prior to being reunited with their mothers. The adolescents were asked to select three discussion topics: 1) a time when they felt socially excluded, 2) an experience or event that is hard to talk about because it makes them feel sad, angry, ashamed, or another negative emotion (hereafter referred to as the distressing disclosure), and 3) an experience or event that evokes happiness or pride. The adolescents were told that these discussions would take 15 minutes: 5, 8, and 2 minutes for each

topic, respectively. The social exclusion task served as a warm–up task to get the mother and adolescent comfortable talking about a distressing experience within a research setting. Neither the social exclusion task nor the happy/proud task was examined in the current study, and thus, neither will be discussed further.

The adolescents were further instructed that the topics for each of these discussions should be experiences that they have not shared with their mothers before. If the adolescents chose to discuss a previously talked about experience that was distressing to them, they were instructed to share specific details of the experience that they had not previously disclosed. The adolescents were advised that the researchers could not control how their mothers would respond to their disclosures, and that they should choose experiences that they would actually share with their mothers outside of the research setting. Finally, they were asked to select a topic that did not directly involve their mothers. The disclosure task was explained to the mothers, and the mothers were instructed to listen and respond as they typically would if the discussion occurred as a natural part of everyday life.

The adolescents and their mothers were then reunited and instructions for each task were provided by the adolescent assessor immediately prior to each of the three disclosures. The adolescent–mother disclosure tasks were videorecorded and lasted 15 minutes. The adolescent assessor timed each task and instructed the dyads when to begin and end.

Post–Disclosure Tasks. Following the disclosure tasks, the adolescents and their mothers returned to their individual assessment rooms to complete the post–disclosure questionnaire and the remaining self–report questionnaires. At the end of the study,

adolescents and their mothers were debriefed and provided with community counseling referrals. Mothers were compensated with $25 and adolescents were compensated with a $10 gift card.

Coding the Ideal Disclosure. An undergraduate research assistant with prior coding and research experience and I used a *yes/no* format to rate whether the written disclosures were verbally disclosed to the mothers after reading the adolescent's written disclosure and the corresponding transcript for their verbal disclosure. We initially agreed on 65 of the 66 disclosures. For the adolescent–mother dyad where we initially disagreed, the adolescent did not disclose the exact sentiments of her written disclosure, but she did disclose on the same topic. Through discussion, we agreed that although this adolescent did not share the aspect of the experience that she found most distressing, her verbal disclosure was nonetheless highly consistent with her written disclosure and should be scored as a 'yes.'

Due to technical difficulties, the video of the disclosure task was not recorded for two of the adolescent–mother dyads. We were able to ascertain whether the adolescents verbally disclosed the topics they wrote about by reviewing the post–disclosure questionnaires, where the mothers responded to open–ended questions such as, "Please explain why you feel that sharing this experience with you was helpful or not helpful to your child today," and "Why do you think that your child has not told you about this particular event/experience before?" In both of the cases where we did not have the observational data, the mothers reiterated the disclosure topic in their written responses, and we were able to ascertain whether the adolescents' written and verbal disclosures matched.

Of note, when coding the topics of the adolescents' written and verbal disclosures, we observed that in some cases, the adolescents' verbal disclosure appeared to be more distressing than the disclosure they wrote about. Based on the original coding strategy, these adolescents were coded as not making the ideal disclosure. However, because it seemed that these adolescents were indeed disclosing meaningful and distressing experiences to their mothers, we revised our coding scheme. In the post–disclosure questionnaire, the adolescents' were asked whether the distressing experience they shared with their mother was a) more distressing than the experience they wrote about, b) less distressing than the experience they wrote about, or c) the same experience as the one they wrote about. Based on these responses, we recoded the dichotomous disclosures so that verbally disclosing a less distressing experience than the one written about was coded as not making the ideal disclosure, whereas verbally disclosing the experience that they wrote about or an even more distressing experience was coded as making the ideal disclosure.

Coding Maternal Validating and Invalidating Responses. Two undergraduate research assistants were trained in using the Validating and Invalidating Behaviors Coding Scale (VIBCS; Fruzzetti, 2001) prior to coding the videorecorded interactions. Training occurred over a period of two months and consisted of 16 biweekly meetings. Each meeting lasted approximately 2 hours. The first three meetings involved a theoretical overview of validating and invalidating behaviors, with a particular emphasis on mothers' application of each, as well as relevant empirical research; a review of the VIBCS manual, with an emphasis on the theory that informed its content and structure and examples specific to mothers; and a review of decision rules for promoting

reliability. The next five meetings were used to review the coders' coding of 5 training tasks. The training tasks involved a similar task with young children sharing with their fathers three separate experiences of times when they felt, afraid, mad, and sad. The coders were trained with these sessions first in order to become familiar with the coding manual. Once, they learned the VIBCS codes and the structure of the manual, the remaining 8 meetings were used to review the coders' ratings on five pilot dyads from the current study.

All of the adolescent disclosures were transcribed into written text by research assistants who were not involved in the coding of the disclosure tasks. The coders first watched the entire disclosure for the task they were disclosing: social exclusion or distressing. Then they coded every maternal utterance while reading the transcript and referring to the video as needed. Finally, they watched the entire disclosure a second time and modified their codes as necessary. The coders attended a weekly coding team meeting with me to assess reliability, drift from the coding manual, and to discuss ambiguous maternal responses. As a team, we coded to consensus when the coded dyads overlapped, as well as when the coders brought confusing or ambiguous interactions to discuss when they coded unique dyads.

Measures

See Table 2 for a complete list of the measures used in the study. Only the measures that were utilized to assess the current study aims are described in detail below. Tables 3 and 4 show the descriptive statistics of the study measures for mothers and adolescents, respectively.

Maternal constructs

Maternal childhood and early adult trauma exposure. The Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006) is a 14–item self–report inventory used to assess the frequency of noninterpersonal and interpersonal traumas, as well as the degree of betrayal within each. Betrayal pertains to the relational closeness of the trauma survivor to the perpetrator. In the current study, only interpersonal traumas were examined and the items were matched by level of betrayal. Table 5 provides a description of the items used. Five items assessed for high betrayal traumas—physical, sexual, and emotional abuse, as well as two types of witnessed violence perpetrated by someone "very close." The content of these five items was matched to assess for moderate betrayal traumas perpetrated by someone the mothers were "not close" to. The BBTS was further modified to assess for trauma during four developmental periods: childhood (before age 12), adolescence (age 12 through 17), early adulthood (age 18 through 29), and adulthood (age 30 and older). Using a *yes/no* format, mothers first indicated whether or not they had experienced the event during each of the 4 developmental periods. For affirmative responses, the mothers further rated the frequency of each experience endorsed at each developmental period on a 4–point scale: 0 (*never*), 1 (*once*), 2 (*2–5 times*), and 3 (*6 or more times*). Responses to the childhood and adolescent experiences of trauma were summed to compute two childhood trauma subscales: maternal moderate betrayal and high betrayal trauma. Scores could range from 0 to 30. Although maternal moderate and high betrayal childhood trauma were significantly correlated, $r = .42$, $p = .001$, they were not too highly correlated to suggest that they were tapping into the same construct. Thus, in order to examine the differential effects of each, they were not combined.

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In contrast, maternal moderate and high betrayal trauma exposure as an early

adult were highly correlated ($r = .69$, $p < .001$), so the frequency scores were summed

across the moderate and high betrayal BBTS items to create an index of maternal adult

interpersonal trauma. Scores for early adult trauma could range from 0 to 30. Maternal

trauma during adulthood was not examined in the current study. The BBTS has good

construct and convergent validity (DePrince & Freyd, 2001; Martin et al., 2013) and test–

retest reliability (Goldberg & Freyd, 2006).

Maternal emotion regulation difficulties. The Difficulties in Emotion Regulation

Scale (DERS; Gratz & Roemer, 2004) is a 36–item, self–report measure that assesses

difficulties in emotion regulation. The DERS assesses six dimensions of emotion

dysregulation: nonacceptance of emotional responses, difficulties engaging in goal–

directed behaviors when distressed, difficulties controlling impulsive behaviors when

distressed, lack of emotional awareness, lack of emotional clarity, and limited access to

emotion regulation strategies. Responses are made on a 5–point Likert–type scale ranging

from 1 (*almost never, 0–10%*) to 5 (*almost always, 91–100%*). A total score was

calculated by summing all items. Scores could range between 36 and 180. Higher scores

are indicative of greater difficulty in regulating emotions. The DERS has good internal

consistency and test–retest reliability and adequate construct and predictive validity

(Gratz & Roemer, 2004).

Maternal distress in response to adolescent negative emotion. Maternal distress in

response to adolescent negative emotion was assessed by creating a composite construct

from maternal self–report on the Coping with Children's Negative Emotions Scale–

Adolescent Version (CCNES–A; Fabes & Eisenberg, 1998), adolescent self–report in

response to their mothers on the CCNES–Adolescent Perception Version (CCNES–AP; Fabes & Eisenberg, 1998), and maternal self–report on the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988).

The CCNES consists of 9 hypothetical scenarios in which an adolescent expresses negative emotion. The CCNES–A and the CCNES–AP are identical in content and structure, except for the CCNES–A asks mothers how they typically respond to their adolescents' emotional distress (e.g., "When my teenager gets down because he/she has had a bad day, I usually…"), while the CCNES–AP asks adolescents how their mothers typically respond to the adolescent's emotional distress (e.g., "When I get down because I've had a bad day, my mother usually…"). For each of the 9 vignettes, mothers and adolescents rated the likelihood that the mothers would respond to the adolescents in each scenario using 6 different responses: problem–focused, emotion–focused, expressive encouragement, minimization, punitive, and distress responses. Responses are made on a 7–point Likert–type scale ranging from 1 (*very unlikely*) to 7 (*very likely*). In accordance with theory (Fabes, Poulin, Eisenberge, & Madden–Derdich, 2002) and empirical support (Jones, Brett, Ehrlich, Lejuez, & Cassidy, 2014), the distress response type was considered a unique indicator of maternal distress in response to adolescent negative emotion. Mean scores were calculated for the distress response type (e.g., "becomes obviously uncomfortable when she sees I'm feeling down") across the 9 vignettes for mothers and adolescents, where scores can range between 1 and 7.

The mothers also completed the 20–item self–report PANAS immediately following the adolescent disclosure task to assess momentary state affect. Both positive and negative affect were assessed, but only negative affect scores were utilized given

their consistent association with distress tolerance (Kiselica, Rojas, Bornovalova, & Dube, 2015). The mothers rated their current feelings for a variety of moods (e.g., "guilty," "ashamed," and "irritable") on a Likert–type scale from 1 (*very slightly or not at all*) to 5 (*extremely*). Scores were summed so that higher scores are indicative of greater negative affect. Scores could range from 10 to 50. The PANAS demonstrates adequate reliability and convergent and divergent validity (Watson et al., 1988).

Maternal– and adolescent–report of maternal distress in response to adolescent negative emotion, as well as maternal report of negative affect following her adolescent's disclosure of a distressing experience were significantly correlated, $r = .34–.47$, $p \leq .003$. Thus, a composite index of maternal distress in response to adolescent negative emotion was created. The values were standardized by calculating a z–score for each indicator and averaging them so that higher scores are indicative of greater maternal distress.

Adolescent constructs

Adolescent perception of maternal emotion validation. Adolescents' perceptions of their mother's supportive emotional responsiveness to their negative emotions were assessed using the CCNES–AP (Fabes & Eisenberg, 1998). Mean scores were calculated for the three supportive response types: problem–focused (e.g., "helps me think of things to do to get my problem solved), emotion–focused (e.g., "tries to get me to think of the good things that happened"), and expressive encouragement (e.g., "listens to me talk about my feelings"). A composite score for perceived maternal emotion validation was then created by averaging the score for each supportive response type (Fabes et al., 2002), with higher scores indicating adolescents' beliefs that their mothers provide greater validation of their negative emotions. Scores could range from 1 to 7.

Adolescent perception of maternal emotion invalidation. An adapted version of the Unsupportive Social Interactions Inventory (USII; Ingram et al., 2001) was used to assess adolescent–report of maternal emotional invalidation. The USII is a 25–item self–report measure of social reactions that are commonly made after the disclosure of a personal experience. The adolescents completed an adapted version of the USII after completing a written disclosure, where they wrote about an experience that they had not previously shared with their mothers. The adolescents were asked to write about a distressing experience that they would most want to tell their mother if they knew she would be supportive. Completing the USII, the adolescents indicated how they believed their mothers would have responded had they actually told their mothers about the experience that they wrote about. The USII consists of four subscales: distancing (e.g., "would change the subject before I was ready to"), bumbling (e.g., "would not know what to say, or would be afraid of saying or doing the 'wrong' thing"), minimizing (e.g., "would feel that I was overreacting"), and blaming (e.g., "would make 'should or shouldn't have' comments about my role in the event"). Responses range from 0 (*not at all*) to 4 (*a lot*); thus, scores can range from 0 to 100.

Post–disclosure questionnaires

Immediately following the verbal disclosure tasks, adolescents and their mothers completed a series of questionnaires related to the disclosure tasks, including the PANAS and a post–disclosure questionnaire created for this study based on Foynes (2010). The questions used in the current study are discussed below.

Substantive disclosure. For the purposes of the current study, a substantive disclosure was defined as one where the majority of important details for the experience

are shared, including the most distressing aspects of the experience and how the experience made the adolescents feel about themselves. Four items were used to assess for adolescent self–report of the substantiveness of the disclosure. The items were: "How many of the important details did you share with your mom," "Did you share the most distressing parts of the experience with your mom," "Did you share how the experience made you feel about yourself," and "Did you leave out parts of the experience that you felt might get you into trouble with your mom or that your mom would not like?" Responses were made on a 5–point, Likert–type scale, where higher scores indicate a more substantive disclosure. A mean score was calculated and scores can range from 1 to 5.

Efficacious disclosure. For the purpose of the current study, an efficacious disclosure was defined as one that is beneficial for the adolescent. The efficacy of the disclosure was assessed based on adolescent self–report of five items from the post–disclosure questionnaire: "How helpful was sharing this experience with your mom," "How supported do you feel by your mom after sharing this experience," "How much do you feel your mom listened to you with compassion," "How much do you think your mom understood the impact this distressing experience had on you," and "How much do you believe that your mom knows how to help you?" Responses were made on a 5–point, Likert–type scale, where higher scores indicate a more efficacious disclosure. A mean score was calculated and scores can range from 1 to 5.

Ideal (Dichotomous) Disclosure. Consistent with the majority of the disclosure research (e.g., Smith et al., 2000) that assesses whether or not an experience is disclosed, disclosure was also assessed dichotomously. Because the adolescents in this study were

all asked to make a disclosure for the first time, we assessed whether or not the adolescents disclosed the distressing experience that they would most want to share with their mothers by comparing their written (e.g., the distressing experience that they would most want to share with their mother, thus, the most ideal disclosure) and verbal (e.g., actual) disclosures. As noted previously, more distressing disclosures, as defined by the adolescent, were also coded as the ideal disclosure.

Observational Coding

Mothers' validating and invalidating responses to their adolescents' negative emotions. The adolescent–mother disclosure tasks were coded using a modified version of the Validating and Invalidating Behaviors Coding Scale (VIBCS; Fruzzetti, 2001). The VIBCS is an observational rating scale informed by Linehan's (1997) levels of validation and used to measure levels of validating and invalidating responses within families and dyads. In the current study the VIBCS was modified by incorporating subcategories of validation and invalidation from the Parent–Child Validation/Invalidation Coding System (Schneider & Fruzzetti, 2002) and collapsing levels 1 (i.e., inattention) and 2 (i.e., missed opportunities or functional unresponsiveness) for invalidating behaviors because it was challenging to determine whether missed opportunities were missed due to inattention or due to some other factor. For the purposes of the current study, validating and invalidating behaviors were coded for mothers only and each maternal response was coded. Global validating and invalidating behaviors were also coded using an ordinal scale ranging from 1 to 7, where higher scores are indicative of higher levels of validating and invalidating responses. Table 6 outlines the levels of validation and invalidation, as well as examples of validating and invalidating statements made by mothers in the

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current study. The VIBCS has demonstrated good interrater reliability when rating mothers' interactions with their children and adolescents, with intraclass correlation coefficients (ICC) ranging between .72 and .98 with children (Schneider, 2004) and .86 with adolescents (Shenk & Fruzzetti, 2014).

Reliability of the VIBCS in the mother–adolescent dyadic interactions. In the current study, the coders rated an overlapping 18% of the entire sample to determine reliability. Interrater reliability on this subset of families was determined via ICC using a two–way mixed–effects single–measure with absolute agreement among coders. The resulting ICC for the individual maternal responses during the distressing disclosure was .94, $p < .001$ and it was .84, $p < .001$ for the global codes, indicating excellent reliability (Hallgren, 2012; Shrout & Fleiss, 1979). In accordance with prior studies (e.g., Shenk & Fruzzetti, 2011; 2014), only the global scores were used in the current analyses, so the scores for the individual maternal responses will not be discussed further.

Potential Covariates

Demographics. The mothers and adolescents each completed a basic demographics form, which included personal information such as age and gender. Pubertal development was assessed based on adolescent self–report with the Pubertal Development Scale (Petersen, Crockett, Richards, & Boxer, 1988). The mothers were also asked about annual family income and their highest level of education completed. Annual income and maternal education were significantly correlated, $r = .53, p < .001$, thus, a composite index of socioeconomic status was created. The income and education values were standardized by calculating a *z*–score for each of the indicators and then averaging them so that lower scores are indicative of lower SES.

Adolescent emotion regulation difficulties. The adolescents self–reported on their own emotion regulation difficulties using the 36–item DERS (Gratz & Roemer, 2004). The adolescents' abilities to regulate their emotions may influence their perceptions of their mothers' emotional responsiveness and level of distress in response to the adolescents' negative emotion, as well as the substantiveness of the disclosure made by the adolescent and how efficacious the adolescent finds disclosing to be.

Severity of the distressing disclosure. The severity of the distressing experience disclosed by the adolescents to their mothers may also influence their mothers' emotional responsiveness, as well as how much information the adolescents divulge to their mothers and how helpful they perceive their mothers to be. In the post–disclosure questionnaire, the adolescents self–reported on how distressing they perceived the experience they disclosed for the distressing disclosure task to be, both at the time of the experience and currently. Adolescents responded on a 10–point scale ranging from 1 (*least distressing*) to 10 (*most distressing*). The adolescents' mothers likewise reported how distressing they perceived the experience disclosed during the distressing disclosure task to be for their adolescent, both at the time of the experience and currently. The rating scale for the mothers was the same as for the adolescents.

Analytic Strategy

Preliminary analyses were conducted to examine patterns of normality and missing data. Bivariate Pearson correlation coefficients were then computed to examine the relationships between the study variables. Potential covariates were determined by examining demographic variables, recruitment strategy, adolescent emotion regulation difficulties, and perceived severity of the distressing experience disclosed for associations

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with variables of interest in the current study using bivariate correlations and independent

sample t tests. Path analysis using Mplus (Version 7; Muthén and Muthén, 1998–2012)

was used to evaluate the hypothesized models. Adequate model fit was determined

following Hu and Bentler's (1999) fit index criteria: root mean square error of

approximation (RMSEA ≈ .06), comparative fit index (CFI ≈ .95), Tucker–Lewis Index

(TLI ≈ .95), where larger values are indicative of better fit for the CFI and TLI and

smaller values for the RMSEA. The chi–square statistic and the associated significance

value were also used to evaluate model fit, while acknowledging its sensitivity to sample

size (Bentler, 1990). Bootstrapping was used to generate bias–corrected confidence

intervals to examine the indirect effects (MacKinnon, Lockwood & Williams, 2004),

where the exclusion of 0 within the 95% confidence intervals indicates a significant

effect.

CHAPTER III

RESULTS

Preliminary Analyses

All variables were examined for significant deviations from normality, outliers, and missing data. Maternal history of childhood moderate and high betrayal trauma and early adult trauma, as well as maternal distress following adolescent negative emotion were log transformed due to positive skew. Outliers, defined as data with z–scores greater than positive or negative 3.29 (Field, 2009), were then examined. No values on any of the study variables met this criterion.

The amount of missing data was relatively small. Minimal data were missing for the models assessing adolescent disclosure. The covariance coverage ranged from .92 to 1.00 for the substantive and efficacious disclosure models and from .96 to 1.00 for the ideal disclosure model. Two adolescents each had missing self–report data: one for adolescent perception of maternal validation and the other for adolescent perception of maternal invalidation. For the disclosure tasks, one teen refused to complete any of the disclosure tasks and another teen refused to complete the distressing disclosure task. In addition, technical difficulties resulted in the loss of videorecorded disclosures for two additional dyads. Thus, data were missing from two participants for the substantive, efficacious, and ideal disclosures and from four participants for the coded maternal validation and invalidation scores for the distressing disclosure task. No data were missing from the variables in Model 2 assessing maternal trauma, emotion regulation difficulties, and maternal distress in response to adolescent negative emotion. Full

information maximum likelihood was used to take full advantage of the available data using Mplus (Schafer & Graham, 2002).

Preliminary analyses were conducted to explore the association between the primary study variables and the demographic variables (e.g., maternal age, adolescent age, gender, pubertal development, and SES), participant recruitment strategy (database vs. community outreach), adolescent emotion regulation difficulties, and adolescent and maternal perception of the severity of the experience disclosed during the distressing disclosure task, both at the time of the experience and currently. The descriptive statistics and bivariate correlations among the continuous variables for Model 1 are presented in Table 7 and in Table 8 for Model 2. Because the ideal disclosure variable is dichotomous, a series of binary logistic regression analyses were conducted to examine the relationship between the ideal disclosure and each of the potential covariates (Table 9). The relationships between the study variables and recruitment strategy are depicted in Table 10. Maternal age, adolescent gender, and adolescent perceived severity of the disclosed experience at the time of the event and currently were not significantly associated with any of the study variables, and they are not included in the tables.

Provided that there was also a significant difference in socioeconomic status depending on whether the mother–adolescent dyads were recruited through the database ($M = 0.38$, $SD = 1.03$) or through community outreach efforts ($M = -0.17$, $SD = 0.76$), $t(63) = 2.38$, $p = .02$, multiple linear regression was used to examine whether recruitment strategy would continue to be a significant predictor of adolescent perceived maternal validation and substantive disclosure once the association between these variables and SES was already accounted for. Thus, SES was entered in step 1 of the multiple linear

regression and recruitment strategy was entered as step 2. As shown in Table 11, recruitment strategy did not explain a significant amount of the variance in adolescent perceived maternal validation or the substantiveness of the disclosure after considering the association between these variables and SES. Thus, recruitment strategy was not included as a covariate in models.

Model 1: Maternal Distress in Response to Adolescent Negative Emotion, Adolescent Perceived and Behaviorally Coded Maternal Validating and Invalidating Responses to Adolescent Negative Emotion, and Adolescent Disclosure

What types of experiences do adolescents find distressing?

Categories were created describing the types of distressing experiences that the adolescents wrote about in their written disclosure and verbally disclosed to their mothers. An undergraduate research assistant and I categorized the experiences into 22 possible topics and created subcategories under the general categories to better specify the types of experiences disclosed. Any disagreements in deciding what category a disclosure best fit were discussed and resolved based on consensus. Table 12 details the 22 categories of distressing experiences, frequencies of the written and verbal disclosures for each topic, the number of adolescents who verbally disclosed their written disclosure, and an example for each category. Figure 3 depicts the most common types of distressing experiences that the adolescents wrote about and verbally disclosed to their mothers.

The most common types of distressing experiences that adolescents would most want to share with their mothers provided the ideal disclosure conditions (e.g., written disclosure) involved 1) an experience where adolescents felt disappointed in themselves or felt that their behaviors led to others being disappointed in them, 2) romantic

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relationship concerns, 3) a worry or fear for themselves or someone else, 4) death, 5) a transgression or time they broke the rules, and 6) a transition to a new home or school. Not all adolescents who wrote about these topics actually disclosed them to their mothers. For each of the most common topics written above, the percentage of adolescents who subsequently disclosed the experience to their mothers was 20%, 43%, 0%, 60%, 0%, and 40%, respectively. Thus, the adolescents in this sample were least likely to verbally disclose their ideal disclosure when it involved a worry or fear or breaking the rules. The adolescents were most likely to verbally disclose their ideal disclosure when it involved death, and these adolescents tended to disclose additional details that they had not previously shared with their mothers.

The most common types of distressing experiences that adolescents actually disclosed to their mothers included 1) unjust behavior (enacted by someone else), 2) an experience where adolescents felt disappointed in themselves or felt that their behaviors led to others being disappointed in them, 3) a worry or fear for themselves or someone else, 4) abandonment or rejection, 5) conversations or behaviors that caused them great distress, and 6) relational aggression. Not all of the adolescents who verbally disclosed these topics wrote about them as their ideal disclosures. For each of the most common topics verbally disclosed above, the percentage of adolescents who also wrote about the experience was 25%, 33%, 0%, 20%, 0%, and 0%, respectively. Thus, the adolescents in this sample who made a verbal disclosure regarding other people's distressing comments or behaviors, relational aggression, or a fear were most likely to have written about another distressing experience that they did not choose to share with their mothers. Adolescents also disclosed experiences of abuse, concerns regarding romantic

relationships, and feeling socially disconnected. The only two experience types that appeared with high frequency for both written and verbal disclosure tasks by the adolescents were a worry or fear and an experience where the adolescent felt disappointment. However, in the case of adolescents who wrote about a worry or fear, none of them verbally disclosed those worries or fears to their mothers. Similarly, for those adolescents who verbally disclosed a worry or fear, all wrote about another, more distressing experience they chose not to verbalize to their mothers.

How distressing do adolescents and their mothers perceive these experiences to be?

The level of perceived severity for the experience the adolescents chose to share with their mothers varied. On a scale from 1 to 10, with 1 being the least distressing and 10 the most, the adolescents, on average, rated the experience at a 6.03 ($SD = 2.75$), where 35% of the adolescents disclosed an experience that they rated as an 8 or higher in terms of the level of distress they experienced at the time of the event. Forty–one percent of the adolescents selected an experience with a moderate level of distress (between 4 and 7), and 23% selected an experience that they rated low in terms of the amount of distress they experienced at the time of the event. Adolescents likewise rated the level of current distress they experienced regarding the disclosed event. On average, the adolescents rated the experience at a 4.16 ($SD = 2.47$), where only 12% of the adolescents disclosed an experience that they rated as an 8 or higher in terms of the level of current distress experienced as a result of the event. Forty percent of the adolescents selected an experience with a moderate level of distress (between 4 and 7), and 45% selected an

experience that they rated low in terms of the amount of distress they experience as a

result of the event presently.

The adolescents' mothers perceived the distressing experiences that their children

disclosed to be significantly more distressing for their adolescents than the adolescents

themselves perceived them to be. On average, the mothers rated the level of adolescent

distress at the time of the event to be at a 7.31 ($SD = 2.02$), which is significantly more

distressing than the adolescents perceived the experiences to be $t(63) = 3.75$, $p < .001$.

The mothers also rated the level of current adolescent distress regarding the distressing

experience disclosed to be significantly higher at 5.23($SD = 2.36$), $t(62) = 3.31$, $p = .002$.

Adolescent perception and observer coded maternal validation and

invalidation

The correlational analyses (Table 7) revealed that adolescent perceived maternal

validation and invalidation were significantly related to behaviorally coded maternal

validation in the expected directions, $r = .33$, $p = .009$ and $r = -.31$, $p = .015$,

respectively. In contrast, adolescent perceived maternal validation and invalidation were

not significantly related to behaviorally coded maternal invalidation, although the

correlations were in the expected directions, $r = -.14$, $p = .28$ and $r = .18$, $p = .17$,

respectively. As expected, adolescent perceived maternal validation and invalidation

were significantly correlated, $r = -.36$, $p = .004$, as were behaviorally coded maternal

validation and invalidation, $r = -.52$, $p < .001$.

Path models for adolescent disclosure

Path Model 1 was constructed to examine the relationship between maternal

emotional distress in response to adolescents' expression of negative emotion, mothers'

validating and invalidating responses to adolescent negative emotion, and adolescent

disclosure of a distressing experience (see Figure 1). Covariance paths were added

between the covariates (e.g., adolescent age, adolescent emotion regulation difficulties,

pubertal development, and SES) and study variables where significant bivariate

relationships emerged in the preliminary correlational analyses. Adolescent disclosure

was examined using three different definitions of disclosure, and thus, Model 1 was

applied to each of the 3 disclosure outcomes. In addition to the adolescents' perceptions

of their mothers' validating and invalidating behaviors, the mothers' global validating

and invalidating behaviors during the distressing disclosure task were used to predict the

substantiveness and efficacy of the adolescents' disclosures. The coded maternal

validating and invalidating behaviors were not used to predict whether adolescents made

their ideal disclosure. The adolescents decided what to disclose before starting the verbal

disclosure tasks. Thus, the mothers' validating and invaliding responses during the actual

disclosure would not have influenced what the adolescent disclosed during the distressing

task.

Substantive disclosure

Model fit. The path model showed a good fit, $X^2(28) = 29.31$, $p = .40$, CFI = 0.99,

TLI = 0.98, and RMSEA = 0.03. Three nonsignificant covariance paths were removed to

develop a more parsimonious model (e.g., paths between SES and substantive disclosure,

adolescent perceived maternal validation and adolescent perceived maternal invalidation,

and pubertal development and coded maternal validation). In addition, based on the

modification indices, a direct path from maternal emotional distress in response to

adolescent negative emotion to substantive disclosure was added. The patterns of

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significance in the final model remained the same as in the original model. The final model (unstandardized values shown in Table 13 and standardized values shown in Figure 4) showed a good fit, $X^2(22) = 16.54$, $p = .79$, CFI = 1.00, TLI = 1.00, and RMSEA = 0.00.

Direct effects. As hypothesized, maternal distress in response to adolescent expression of negative emotion was associated with adolescent belief that their mothers were less likely to validate the adolescent's negative emotions and more likely to invalidate them. Parallel results were found for coded maternal validating and invalidating responses where greater maternal distress in response to negative adolescent emotion was associated with less validating and more invalidating behaviors by the mothers. In turn, greater adolescent perceived validation was significantly associated with adolescent report of their disclosure to their mothers being more substantive. In contrast, adolescent perceived and observer coded invalidating behaviors, as well as the observer coded validating behaviors were not significantly associated with adolescent report of the substantiveness of their disclosure. Finally, greater maternal distress in response to adolescent negative emotion was also significantly associated with the adolescent's disclosure being more substantive. The final model accounted for a significant amount of the variance in adolescent perceived maternal validation, $R^2 = .16$, $p = .03$ and invalidation, $R^2 = .29$, $p = .002$, and in how substantive the adolescent reported the disclosure to be, $R^2 = .31$, $p = .002$.

In terms of the covariates, adolescent age, adolescent emotion regulation difficulties, and SES were significantly associated with the variables of interest. Older adolescents perceived their mothers as being more validating. Greater adolescent emotion

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regulation difficulties were associated with greater adolescent perceived maternal invalidation and greater maternal distress in response to adolescent negative emotion. Higher SES was associated with greater adolescent perceived maternal validation.

Indirect effects. Of the four indirect paths possible, only the indirect effect of maternal emotional distress in response to adolescent negative emotion to a more substantive disclosure from the adolescent through adolescent perceived maternal validation was significant (Table 14).

Efficacious disclosure

Model fit. The path model showed a good fit, $X^2(28) = 25.44$, $p = .60$, CFI = 1.00, TLI = 1.00, and RMSEA = 0.00. Three nonsignificant covariance paths were removed to develop a more parsimonious model (e.g., paths between SES and efficacious disclosure, adolescent perceived maternal validation and adolescent perceived maternal invalidation, and pubertal development and coded maternal validation). The patterns of significance in the final model remained the same as in the original model. The final model (unstandardized values shown in Table 13 and standardized values shown in Figure 5) showed a good fit, $X^2(23) = 14.88$, $p = .90$, CFI = 1.00, TLI = 1.00, and RMSEA = 0.00.

Direct effects. As hypothesized, maternal distress in response to adolescent expression of negative emotion was associated with adolescent belief that their mothers were less likely to validate the adolescent's negative emotions and more likely to invalidate them. Parallel results were found for the coded maternal validating and invalidating responses to the adolescents' distressing disclosure where greater maternal distress in response to negative adolescent emotion was associated with fewer validating and more invalidating behaviors by the mothers. In turn, greater adolescent perceived and

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observer coded validation were significantly associated with adolescent report of their

disclosure to their mothers being more efficacious. In contrast, adolescent perceived and

observer coded invalidating behaviors were not significantly associated with adolescent

report of the efficacy of their disclosure. The final model accounted for a significant

amount of the variance in adolescent perceived maternal validation, $R^2 = .16$, $p = .03$, in

adolescent perceived maternal invalidation, $R^2 = .29$, $p = .002$, and in how efficacious the

adolescent reported the disclosure to be, $R^2 = .47$, $p < .001$.

In terms of the covariates, older adolescents perceived their mothers as being

more validating. Greater adolescent emotion regulation difficulties were associated with

greater adolescent perceived maternal invalidation and greater maternal distress in

response to adolescent negative emotion. Finally, higher SES was associated with greater

adolescent perceived maternal validation.

Indirect effects. The indirect paths including maternal validation of adolescent

negative emotion were significant, whereas those involving invalidation were not (Table

14). Thus, maternal distress in response to adolescent negative emotion was associated

with how efficacious adolescents found it to disclose a distressing experience to their

mothers for the first time through: 1) adolescent perceived maternal validation and 2)

observer coded maternal validation.

Ideal disclosure

Model fit. The path model showed a good fit, $X^2(24) = 23.69$, $p = .48$, CFI = 1.00,

TLI = 1.00, and RMSEA = 0.00. Two nonsignificant covariance paths were removed to

develop a more parsimonious model (e.g., paths between adolescent perceived maternal

validation and adolescent perceived maternal invalidation, and between adolescent

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emotion regulation difficulties and adolescent perceived maternal invalidation). The patterns of significance in the final model remained the same as in the original model. The final model (unstandardized values shown in Table 13 and standardized values shown in Figure 6) showed a good fit, $X^2(26) = 26.36$, $p = .44$, CFI = 0.99, TLI = 0.99, and RMSEA = 0.02.

Direct effects. As hypothesized, maternal distress in response to adolescent expression of negative emotion was associated with adolescent belief that their mothers were less likely to validate the adolescent's negative emotions and more likely to invalidate them. In turn, neither adolescent perceived maternal validation or invalidation were significantly associated with adolescents verbally disclosing the experience that they would most want to share with their mothers under ideal validation circumstances. The final model accounted for a significant amount of the variance in adolescent perceived maternal validation, $R^2 = .21$, $p = .05$ and invalidation, $R^2 = .50$, $p < .001$. In contrast, very little variance in ideal disclosure was explained in the model, $R^2 = .01$, $p = .80$. Given the lack of significance between the study predictors and ideal disclosure, the indirect effects for this model were not examined.

In terms of the covariates, older adolescents perceived their mothers as being more validating. Higher SES was also associated with greater adolescent perceived maternal validation. Greater adolescent emotion regulation difficulties were associated with greater maternal distress in response to adolescent negative emotion. Adolescents with more advanced pubertal development were less likely to disclose the distressing experience that they wrote about, preferring to disclose something less distressing. In

contrast, when mothers perceived their adolescent's distressing experience to be more severe, adolescents were more likely to disclose their ideal disclosure.

Alternative models were not tested for the disclosure models due to the temporal sequence of the variables. It would not make sense to test a model where efficacious, substantive, or ideal disclosures would predict mothers' behaviorally coded validating and invalidating responses. Furthermore, adolescents completed the questionnaire assessing adolescent perceived maternal validation and invalidation prior to completing the disclosure tasks so that their mothers' use of validating and invaliding responses would not influence how adolescents rated their mothers on the questionnaire.

Posthoc analysis

Provided that neither adolescent perceived maternal validation or invalidation nor behaviorally coded maternal validation or invalidation in response to adolescent negative emotion were significant predictors of the ideal disclosure, a posthoc analysis was conducted to determine what factors predict adolescent disclosure of the experience the adolescent would most want to share, pending ideal support following the disclosure. In the postdisclosure questionnaire, adolescents were asked the following open–ended question: "How did you choose which event or experience to tell your mom (i.e., it was the easiest or most difficult to talk about, you had wanted to tell your mom, but had not had an opportunity, you thought your mom would give you support, you thought she would not be mad at you, etc.)?" Three undergraduate research assistants and I read through all the adolescents' responses, and then, independently identified categories to code each of the responses. Then, together we compared our categories and decided how to label the themes that emerged across our review of the adolescents' explanations.

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The identified themes were further grouped into seven categories (see Table 15). The first theme—intended to tell—included adolescents who reported that they were already planning to tell their mothers about the disclosed experience but had not found the right opportunity or who felt like they wanted or needed to tell their mothers about the experience. The second theme—projected support—included adolescents who reported that they selected the experience because they felt it was one in which their mothers would be able to provide support. The third them—most difficult or distressing experience—included adolescents who reported that they chose the experience that was either the most or one of the most difficult or distressing experiences they had had. The fourth theme—only experience not known—included adolescents who reported that they selected the only distressing experience that they had not already shared with their mothers. The fifth theme—not too distressing but distressing enough—included adolescents who reported strategically selecting an experience that was distressing enough to be considered as such while also not choosing an experience that they considered to be too distressing. The sixth theme—apathetic—included adolescents who selected the first experience that they could think of, the one that would be the easiest to talk about, or the only experience that they could think of. Finally, the seventh theme— did not answer question—included adolescents who read the question incorrectly, and most commonly reported how the experience went for them.

A series of chi–square tests were used to examine whether the adolescents' decisions to make their ideal disclosure varied by the reasons they gave for selecting their disclosure topic. The adolescents who intended to share their disclosed experience with their mothers anyway were significantly more likely to have made their ideal disclosure,

with 88% of these adolescents disclosing their ideal disclosure or a more distressing experience to their mothers, $\chi^2(1, N = 55) = 8.89$, $p = .003$. In contrast, the adolescents who were apathetic in deciding what to disclose to their mothers were significantly less likely to have made their ideal disclosure, with only 27% of these adolescents disclosing their ideal disclosure or a more distressing experience to their mothers, $\chi^2(1, N = 55) = 4.73$, $p = .03$. None of the other reasons adolescents gave for disclosure significantly predicted the ideal disclosure. Of interest, 50% of the adolescents who reported choosing an experience that they believed their mother would be able to provide support made their ideal disclosure and 70% of the adolescents who selected a highly distressing or their most distressing experience made it. In contrast, only 20% of the adolescents who reported that the experience disclosed was the only one they had not previously shared with their mothers made their ideal disclosure. Thus, these adolescents may have selected the only experience that they had not shared with their mothers that they were also willing to share with her. Finally, provided that adolescents with a clear intention to disclose a topic may have mothers who are more validating, whereas those who were more apathetic in their approach to deciding on what to share with their mothers may have mothers who are more invalidating, a correlation analysis was conducted. When deciding what experience to disclose to their mothers, neither adolescents' reasons of intent nor apathy were significantly correlated with how validating or invalidating they perceived their mothers. However, behaviorally coded maternal invalidation was significantly related to adolescent apathy, $r = .51$, $p < .001$.

Model 2: Maternal Risk for Emotional Distress in Response to Adolescent Negative Emotion

Maternal childhood and early adult trauma exposure

Seventy percent of the mothers indicated that they had experienced at least one childhood trauma. Approximately 20% had experienced one type of trauma, 20% had experienced two, 9% three, and 21% had experienced four or more types (Figure 7). In terms of the frequency by level of betrayal, 50% had experienced at least one low betrayal trauma and 56% had experienced at least one high betrayal trauma. For trauma experienced as an early adult, 67% of the mothers indicated that they had experienced at least one trauma. Approximately 32% had experienced one type of trauma, 18% had experienced two, 3% three, and 14% had experienced four or more types (Figure 8). In terms of the frequency by level of betrayal, 39% had experienced at least one moderate betrayal trauma and 51% had experienced at least one high betrayal trauma. Table 16 depicts rates of trauma exposure by trauma type and period of development. The most prevalent moderate betrayal trauma types experienced by the mothers in this sample were child sexual abuse (34%) and early adult physical abuse (22%). The most prevalent high betrayal trauma types experienced by the mothers in this sample were child emotional abuse (39%) and early adult emotional abuse (35%).

An overwhelming majority of the mothers in this sample experienced interpersonal trauma during childhood or as an early adult (89%), with only 7 mothers not endorsing exposure to any traumatic experiences. Almost a quarter of the mothers (23%) experienced childhood trauma and no additional trauma as an early adult. A similar percentage of the mothers did not experience any childhood trauma, but did

experience trauma as an adult (20%). Nearly half of the mothers in the study (46%)
experienced trauma as a child and a young adult. Of the mothers who reported trauma
across development, only 1 of the mothers solely experienced moderate betrayal trauma
in childhood and as an early adult (1%). Two of the mothers (3%) experienced moderate
betrayal trauma as a child and high betrayal as a young adult, 4 (6%) experienced high
betrayal trauma as a child and moderate betrayal as a young adult, and 24 (36%)
experienced high betrayal trauma as a child and high betrayal trauma as a young adult.
Figures 9 and 10 depict the mothers' exposure and reexposure to trauma across
development.

Model fit for path Model 2

Path Model 2 sought to examine the developmental relationship between
childhood and early adult trauma exposure and subsequent emotion regulation difficulties
and emotional distress in response to adolescent negative emotion in mothers. As
depicted in Figure 2, a series of direct and indirect pathways were examined. Additional
covariance paths were added between the covariates (e.g., adolescent age and SES) and
study variables where significant bivariate relationships emerged in the preliminary
correlational analyses. The path model showed a reasonably good fit, $X^2(13) = 17.38$, $p =$
.18, CFI = 0.92, TLI = 0.87, and RMSEA = 0.07. One nonsignificant covariance between
SES and maternal emotion regulation difficulties was removed to develop a more
parsimonious model. In addition, based on the modification indices, a covariance
between adolescent age and maternal distress was added, as well as a direct path from
maternal childhood moderate betrayal trauma to maternal emotion regulation difficulties.
The patterns of significance in the final model remained the same as in the original

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model. The final model (unstandardized values shown in Table 17 and standardized values shown in Figure 11) showed a good fit, $X^2(12) = 6.98$, $p = .86$, CFI = 1.00, TLI = 1.00, and RMSEA = 0.00.

Direct effects for path Model 2

As hypothesized, exposure to maternal childhood high, but not moderate, betrayal trauma was associated with greater interpersonal trauma exposure during early adulthood. In turn, interpersonal trauma exposure in early adulthood was associated with greater current maternal emotion regulation difficulties. And finally, mothers' difficulties with emotion regulation were associated with higher levels of distress in response to their adolescents' expressions of negative emotion. The final model accounted for a significant amount of the variance in maternal emotion regulation difficulties, $R^2 = .31$, $p = .001$ and in maternal emotional distress in response to adolescent negative emotion, $R^2 = .24$, $p = .008$. In terms of the covariates, mothers with older adolescents experienced more emotional distress in response to their adolescents' negative emotion and fewer traumas in early adulthood compared to mothers with younger adolescents. Additionally, higher SES was also associated with mothers experiencing fewer traumas in early adulthood.

Indirect effects for path Model 2

Each of the three indirect paths was significant (Table 18): 1) the indirect effect of maternal childhood high betrayal trauma on maternal emotional distress through both maternal early adult trauma and maternal emotion regulation difficulties; 2) the indirect effect of maternal childhood high betrayal trauma on maternal emotion regulation difficulties through maternal early adult trauma; and 3) the indirect effect of maternal early adult trauma on maternal emotional distress through maternal emotion regulation

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difficulties. Given the significant relationship between maternal childhood moderate

betrayal trauma and maternal emotion regulation difficulties, an exploratory analysis was

conducted to examine the indirect effect of maternal childhood moderate betrayal trauma

on maternal emotional distress through maternal emotion regulation difficulties. This

indirect effect was also significant.

Alternative path Model 2

A primary aim of the study was to examine the developmental pathway from

childhood high betrayal trauma to maternal emotional distress in response to adolescent

negative emotion. Although the study was not longitudinal, an attempt was nonetheless

made to distinguish between three distinct developmental periods for mothers: childhood,

early adulthood, and adulthood. Thus, the hypothesized model was temporally based on

the idea that interpersonal trauma in childhood would predict interpersonal trauma as an

early adult, and trauma as an early adult would predict current (e.g., adulthood) emotion

regulation difficulties and maternal distress in response to adolescent negative emotion.

Alternatively, it could be that interpersonal trauma experienced as an early adult predicts

maternal distress in response to adolescent negative emotion, and maternal distress

predicts emotion regulation difficulties. Thus, an alternative model, reversing the order of

maternal emotional distress and maternal emotion regulation difficulties, was examined.

The covariance paths from the final model were maintained in the current model, as well

as the direct path from maternal childhood moderate betrayal trauma to maternal emotion

regulation difficulties. Despite significant relationships between all of the direct effect

paths in the model, with the exception of maternal childhood moderate betrayal trauma to

early adult trauma, this model had a poor fit, $X^2(12) = 24.52$, $p = .02$, CFI = 0.77, TLI =

0.61, and RMSEA = 0.13. One nonsignificant covariance between adolescent age and maternal emotional distress was removed to allow for model comparison between the original and alternative models.

The trimmed alternative model (unstandardized values shown in Table 19 and standardized values shown in Figure 12) also showed poor fit, $X^2(13) = 27.96$, $p = .009$, CFI = 0.72, TLI = 0.57, and RMSEA = 0.13, and it provided a significantly worse fit to the data compared to the original model, nested $X^2(1) = 20.98$, $p < .001$. Although the primary paths (from maternal childhood high betrayal trauma to maternal early adult trauma, to maternal emotional distress, to maternal emotion regulation difficulties) remained significant in the alternative model, the amount of variance explained for maternal emotional distress was not significant, $R^2 = .06$, $p = .28$. This finding supports the hypothesized direction of maternal emotion regulation difficulties predicting maternal emotional distress in response to adolescent negative emotion.

CHAPTER IV

DISCUSSION

The purpose of the present study was to better understand the maternal characteristics that facilitate adolescents' disclosure of distressing experiences to their mothers for the first time. Two corresponding models were proposed and examined. Model 1 examined the relationship between maternal response to adolescent negative emotion and adolescents' disclosure of a distressing experience to their mothers. The findings support a social cognitive model of disclosure (Bussey & Grimbeek, 1995), where adolescents consider how their mothers will respond to the negative emotions they express when communicating distressing experiences. Model 2 examined a developmental model of risk for maternal emotional distress in response to adolescent negative emotion. The findings indicated that mothers' histories of childhood trauma were associated with maternal emotional distress in response to their adolescent's expression of negative emotion, but the pathways to emotional distress depended on the mother's relationship to the perpetrators of their childhood traumas. See Table 20 for a succinct summary of the study findings.

Model 1: Maternal Distress and Validating and Invalidating Responses to Adolescent Negative Emotion and Adolescent Disclosure

Adolescent perception of maternal validating responses

The findings from Model 1 support the idea that for adolescents, the disclosure of distressing experiences occurs within a dynamic social system where the adolescent's decision to disclose is not solely based on demographic factors or the perceived severity of the experience. In the current study neither adolescent age, gender, emotion regulation

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difficulties, nor perceived severity of the distressing experience was significantly related to disclosure. In contrast, the way the adolescents thought their mothers would respond to their negative emotions was a significant predictor of adolescent disclosure. Consistent with findings from studies that have examined the role of parental support for youth disclosure of daily activities (e.g., Smetana et al., 2006; Tilton–Weaver et al., 2010), adolescents in this study who perceived their mothers as being more validating in response to their expression of negative emotion provided more substantive disclosures to their mothers. That is, when mothers encourage their children to express their negative feelings by responding in a way that legitimizes the adolescent and his or her feelings, adolescents tended to provide greater detail, including more of the important details about the situation, how the situation made them feel, and aspects of the situation they thought their mother might view disapprovingly. Likewise, the adolescents who perceived their mothers to be more validating in response to their negative emotions also found the disclosure process to be significantly more beneficial. Perhaps in sharing the most distressing aspects of the experience, adolescents felt accepted and understood by their mothers, resulting in perceived support (Ullman & Filipas, 2005). In contrast, when they believed that their mothers would be less supportive and accepting of their disclosure, adolescents were less likely to be vulnerable, and withheld the most meaningful parts of the experience from their mothers. In turn, the adolescents' perceptions of how beneficial it was to make the disclosure were diminished, likely because the most important aspects of the experience were not disclosed, and thus, validation of these parts could not take place.

Adolescent perception of maternal invalidating responses

In contrast to adolescent perception of maternal validating responses, adolescent perception of maternal invalidating responses to their negative emotion was not related to how substantive or efficacious the adolescents' disclosures were. Although unexpected, there are multiple possible explanations for this lack of relationship. First, it may be that maternal validation and not invalidation is related to adolescent disclosure of distressing experiences. The feeling of connectedness that results from positive parental reactions to prior disclosures (Tilton–Weaver et al., 2010) may be facilitating an increase in disclosure of the pertinent details of the experience, as well as greater perceived support following the disclosure in such a way that the presence of maternal validation, rather than the absence of invalidation, is related to adolescent disclosure.

Similarly, it may be that maternal validation predicts adolescent disclosure and maternal invalidation differentially predicts adolescent secrecy. Rather than being opposite ends of the same continuum, disclosure and secrecy appear to be two distinct constructs (Almas et al., 2011; Frijns, Keijsers, Branje, & Meeus, 2010). Almas and colleagues (2011) found that maternal validation of negative emotion and maternal dispositional anger differentially predicted preadolescents' disclosures and secrets regarding their daily activities, respectively. These findings suggest that maternal encouragement and acceptance of children's negative emotions is related to children's willingness to open up and share their daily experiences with their parents, but not related to their children's decisions to withhold certain experiences. In contrast, the more likely mothers are to react in anger, the more likely children are to shut down and withhold information about their daily activities. Thus, in the current study, it may be that maternal

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invalidation would have likewise been differentially associated with adolescent secrecy, where adolescents deliberately withheld information from their mothers resulting from the adolescents' perceptions that their mothers would minimize their experience or punish them for it.

Another possible explanation for the lack of significance between adolescent perceived maternal invalidation and the substantiveness and efficacy of the disclosure may be related to an unexamined moderated effect. For example, Lee (2013) found that mothers with low levels of stress were able to modulate their interaction style to match their child's temperament, whereas mothers with high levels of stress were consistently less warm and responsive to their children regardless of their child's temperament. Martin, Kim, & Fisher (2016) likewise found that maternal stress moderated the relationship between parenting behaviors and adolescent cortisol regulation, where greater maternal stress strengthened the association between poor parenting and adolescent stress regulation. It may be the case that the relationship between maternal invalidation of adolescent negative emotion and adolescent disclosure depends on mothers' ongoing stressors, where maternal invalidation for mothers managing multiple stressors would be associated with more negative disclosure outcomes. Similarly, it may be that when adolescents have a less secure attachment to their mothers they are also more likely to be negatively impacted by maternal invalidation (Cyr, Pasalich, McMahon, & Spieker, 2014). In this case, maternal invalidation within mother–adolescent dyads with poor attachment might be associated with less substantive and efficacious disclosure by adolescents because such invalidation disclosures would occur with a less secure foundation of support.

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Finally, the lack of significance between adolescent perceived maternal invalidation and the substantiveness and efficacy of the disclosure may be related to the study's design. Adolescent perceived invalidation was assessed in response to how the adolescents perceived their mothers would respond to their ideal disclosure if they actually shared it with their mothers. Approximately half of the adolescents did not make their ideal disclosure, and so their perceptions of how their mothers would respond to their ideal disclosures may have been unrelated to the experiences that they actually disclosed. In line with the study hypotheses, it is expected that the adolescents selected experiences that they were willing to disclose to their mothers, considering how their mothers would respond to that particular experience. The adolescents may have selected a topic that they considered to be safe, believing that their mothers would be more supportive of their disclosure or believing that their mothers might demonstrate more support for the topic due to the research environment and the knowledge that their mothers' reactions would be observed. Support for this possibility was found within the adolescents' open–ended responses regarding why they selected the experience they did to disclose. They reported things like:

1) "I chose this event because I knew my mom would be supportive of me and wouldn't bring me down in anyway."

2) "It was an experience that I had that was a 'bad' experience, but not a 'SUPER ULTRA AWFUL' experience. I felt like I could talk about it without losing my head and she was in a situation where she wouldn't really be willing to lose her head either. She wold listen to me, if just for the sake of the study. It's something that resonates with me a lot but that she doesn't really care about and will dismiss so I know I won't get in too much trouble."

3) "I have been with her [mother] my whole 12 years. So I kinda knew what she was going to say."

Thus, the lack of association between adolescent perception of maternal invalidation and a substantive and efficacious disclosure might have resulted from the adolescents evaluating their mothers invalidating behaviors in response to an experience that they did not share with their mother during the distressing disclosure task.

Adolescent and behaviorally coded maternal validation and invalidation

A strength of the current study is that mothers' validating and invaliding behaviors during the adolescent's disclosure of a distressing experience were behaviorally coded in addition to assessing adolescent report of maternal responses to their negative emotions. However, when included in the examined models, the coded ratings did not provide any additional information that was not already indicated through adolescent report of mothers' validating and invalidating behaviors. This finding suggests that, overall, adolescents tend to have an accurate sense of how their mothers will respond to their negative emotions and distressing experiences.

Adolescent perception of maternal validating and invalidating responses to their negative emotions were significantly related to coded maternal validation, but not coded maternal invalidation. It may be that adolescents have a more accurate sense of their mothers' invalidating behaviors within their specific relationship compared with a coder who has never met or interacted with the family. For example, in one family an adolescent might find her mother calling her an 'odd duck' in response to a disclosure about not fitting in with her friends to be invalidating, whereas in another, the adolescent may perceive this as her mother really understanding her and a sign of validation. Coders are not privy to the nuances that exist within the adolescent–mother dyads that might influence the adolescents' perceptions of their mothers' responses.

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The lack of a relationship between adolescent perceived and coded maternal invalidation might also result from the adolescents and coders rating different targets of maternal invalidation. The adolescents rated how invalidating they thought their mothers would be if they disclosed the distressing experience that they most wanted to share with her (i.e., the ideal disclosure). The coders rated how invalidating the mothers were during the adolescent's actual disclosure. Approximately half of the adolescents disclosed their ideal disclosure or a more distressing experience during the verbal disclosure task. Thus, the coders and adolescents were often rating different experiences. In some cases, the adolescents may have been rating experiences that they never planned to disclose to their mothers. However, when examining the association between coded maternal invalidation and adolescent perception of maternal invalidation specifically for the adolescents who made their ideal disclosure, or another more distressing disclosure ($n = 35$), the coder and adolescent perceived invalidation were significantly correlated, $r = .39$, $p = .02$. Thus, for the adolescents who made their ideal disclosure, the coders tended to agree with the adolescents' perceptions of their mothers' invalidating behaviors.

A final consideration is that order to maintain or promote a relationship with a parent, an adolescent may not always accurately perceive maternal invalidation as invalidating. Bowlby (1988) noted that children may distort their perceptions into alignment with those of their parents in order to maintain their attachments to them. He wrote:

> Children not infrequently observe scenes that parents prefer they did not observe; they form impressions that parents would prefer they did not form; and they have experiences that parents would like to believe they have not had. Evidence shows that many of these children are aware of how their parents feel and proceed to

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conform to their parents' wishes by excluding from further processing such information. (Bowlby, 1988, p. 101).

Support for this possibility can also be found in the significant correlation found between an apathetic disclosure topic selection and coded maternal invalidation, whereas a corresponding relationship was not found for adolescent perceived maternal invalidation. Moreover, examination of one of the adolescent–mother interactions with the highest codes for maternal invalidation reveals a qualitative example. The adolescent reported in her postdisclosure questionnaire that she found her mother's response to be "somewhat helpful because it made me think that she was really listening to me. There were not crying kids, or dinner that needed to be finished, like at home. It's sometimes hard to catch her when she is so busy." In the proud/happy disclosure task, this adolescent also disclosed that she is happy when her mother asks her to watch a movie with her or to spend time with her. This adolescent is yearning for more time with and attention from her mother. The study provided her with uninterrupted time to discuss something important with her mother. Although the mother's responses to her adolescent were coded as highly invalidating (e.g., looking away from her daughter and not responding to her disclosure), the adolescent perceived her mother to be somewhat helpful, given that she had her undivided attention. It may be more challenging for this adolescent to perceive her mother's interactions as invalidating provided the adolescent's desire for more time with and a closer relationship to her mother.

The role of maternal distress

With little research examining the factors or contexts associated with maternal validating and invalidating responses to their children's expressions of negative emotion,

the findings from the current study expand upon two studies that found that maternal stress (e.g., chaos in the home and marital dissatisfaction) and psychological distress are related to maternal validating and invalidating behaviors (Breaux et al., in press; Nelson et al., 2009). Here, a more proximal factor to adolescent negative emotion was examined: maternal emotional distress in response to adolescent negative emotion. The mothers' own experiences of becoming emotionally distressed in response to their adolescent's negative emotions were consistently related to how they responded to their adolescent's expression of negative emotion. Greater maternal emotional distress in response to adolescent negative emotion was associated with less adolescent perceived and less behaviorally coded maternal validation and more adolescent perceived and more behaviorally coded maternal invalidation. Mothers who themselves become angry, withdrawn, or anxious when their children disclose an upsetting experience may be less able to tolerate distress, meaning that they are less able to engage in goal–directed behavior in the presence of psychological distress. In the current study, the relevant goal–directed behavior refers to mothers facilitating their adolescent's discussion of an upsetting experience by providing a safe environment to express their feelings, where the adolescent will be accepted and to provide assistance to the adolescent in managing the emotion or solving the related problem. Although mothers' validating and invalidating behavioral responses to children's negative emotion vary in accordance with the child's emotion regulation abilities (Morelen & Suveg, 2012), because mothers are responsible for their children's development, it is ultimately their responsibility to inhibit their own emotional responses, as the situation calls for, in favor of acting to benefit the needs or goals of their child (Dix, 1991).

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Parents are called upon to organize their parenting in response to emotions in such a way that promotes positive outcomes for their children (Dix, 1991), by following their children's lead, encouraging their discussion of a wide range of emotional topics, including those that children find difficult to discuss, and supporting their children's expression of emotion (Oppenheim, 2006). Yet when the mothers in this study experience distress in response to their adolescents' negative emotions, their adolescents' willingness to disclose and perception of the disclosure as beneficial decreased. Specifically, greater maternal emotional distress was directly related to adolescents making a less substantive disclosure. Moreover, greater maternal distress in response to adolescent negative emotion was indirectly related to adolescents making less substantive disclosures through lower levels of adolescent perceived maternal validation. An indirect association between less maternal distress and more efficacious disclosures was also found through adolescent perceived and behaviorally coded maternal validation. Thus, mothers who respond to their adolescents' expressions of emotional distress with distress appear to negatively influence their adolescents' willingness to tell their mothers about upsetting experiences. This may result more from the mothers' lack of support or skill in knowing how to help their child manage upsetting experiences than from actual attempts to minimize their adolescent's emotions or punish them for expressing those emotions. Thus, this finding may be more representative of an inadvertent skill deficit in contrast to mothers actively attempting to suppress their adolescent's negative emotions. Nonetheless, it may be more adaptive for these adolescents not to request support or advice or engage their mothers in discussions about their distressing experiences, at least until their mothers are better equipped to support their children through the disclosure process.

The ideal disclosure

Another strength of the current study was that adolescents made a disclosure about an experience that was distressing to them, rather than reporting on their disclosure tendencies. They also had the opportunity to share an experience with their mothers that they identified as distressing and that they would most want her to know about under the condition that it would be received well. Just over half of the adolescents in the study took advantage of this opportunity and shared their ideal disclosure or an experience that they found to be more distressing with their mothers. However, neither adolescent perception of maternal validation nor adolescent perception of maternal invalidation predicted whether or not the adolescent verbally disclosed their ideal disclosure experience to their mothers. This result was unexpected, particularly considering that adolescent perception of maternal invalidation was assessed specifically in reference to how the adolescents thought their mothers would respond to their ideal disclosure.

Posthoc analyses revealed that although some adolescents reported considering how supportive their mothers would be in response to their disclosure, only half of the adolescents who gave this reason actually made their ideal disclosure. Thus, in withholding their ideal disclosure, it is possible that some adolescents decided that their mothers would likely be less supportive of a more distressing experience and consequently chose not to make their ideal disclosure. The adolescents who were most likely to make their ideal disclosure were those who reported wanting or needing to talk about the experience or having already planned to tell their mother about it, but not having the opportunity to do so. In contrast, the adolescents who were least likely to make their ideal disclosure to their mothers during the study were those who reported

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selecting their disclosure because they thought it would be the easiest, they could not think of any other topic, or it was the first topic that came to mind. Thus, in the current study, adolescents with a clear intent about what they wanted to disclose were more likely to make their ideal disclosure even though they did not necessarily find their mothers to be more validating of their negative emotions. The opposite was true for adolescents who seemed to be more indifferent in their selection process, with these adolescents being the least likely to make their ideal disclosure. Although these apathetic adolescents did not rate their mothers as more invalidating, the coders observed their mothers to be invalidating, suggesting that on some level the adolescents knew it would not be beneficial for them to make their ideal disclosure. Put another way, these adolescents may have acclimated to an environment of maternal invalidation and thus were not engaged or interested in choosing a disclosure topic due to low expectations of maternal support. It is also possible that these adolescents may have distorted their perceptions to align with maintaining a relationship with their mothers (Bowlby, 1988).

Model 2: Maternal Risk for Emotional Distress in Response to Adolescent Negative Emotion

The findings from Model 1 implicate maternal emotional distress in response to adolescent negative emotion and maternal validation as related to adolescent disclosure of distressing experiences to their mothers. The findings from Model 2 suggest that exposure to interpersonal trauma places mothers at greater risk for becoming distressed in response to their adolescents' negative emotions. The hypothesized developmental model of maternal risk for emotional distress in response to adolescent negative emotion was supported, where maternal childhood high betrayal, but not moderate betrayal trauma was

associated with an increased likelihood of experiencing subsequent interpersonal trauma as an early adult; maternal interpersonal trauma in early adulthood was associated with mothers' increased difficulty regulating their emotions; and greater maternal emotion dysregulation was associated with higher levels of maternal distress in response to adolescent expression of negative emotion. These findings are consistent with prior studies demonstrating links between childhood and adult trauma (e.g., Lilly et al., 2014), trauma and emotion dysregulation (e.g., Goldsmith et al., 2013), and trauma and greater emotional distress for mothers (Smith, Cross, Winkler, Jovanovic, & Bradley, 2014). Moreover, rather than examining each of these pathways independently, the current study examined and found support for a coherent model explaining how childhood trauma may lead to maternal distress in response to adolescent negative emotion.

Maternal childhood traumas both high and moderate in betrayal were indirectly associated with maternal emotional distress in response to adolescent negative emotion. Whereas the mothers with histories of high betrayal trauma were more likely to experience maternal distress through continued exposure to interpersonal trauma as an early adult and poor emotion regulation, the mothers with childhood histories of moderate betrayal trauma were more likely to experience maternal distress solely through poor emotion regulation. Lieberman (2004) has found that when children are traumatized, their parents are often traumatized as well. The results of the current study likewise suggest that mothers with trauma histories become more easily distressed when their adolescents are distressed. These findings also help add context to related findings linking maternal history of abuse with more insensitive parenting and less emotional control during parent–child interactions (Bert et al., 2009; Cole et al., 1992; Schuetze &

Das Eiden, 2005). The trauma histories that these mothers carry have negatively impacted their ability to develop appropriate emotion regulation strategies during childhood and into adulthood. Now, as mothers, these women continue to struggle to manage their emotions, including those that arise during their interactions with their children. The decreased rates of maternal sensitivity and responsiveness for mothers with abuse histories may, in part, be explained within the context of managing intense and overwhelming emotions without having developed the skills needed to regulate their emotions in an effective way.

Maternal history of moderate betrayal trauma was associated with emotion regulation difficulties but not with exposure to additional interpersonal trauma as an adult. It could be that childhood traumas high in betrayal are often more chronic, pervasive, and severe compared to traumas perpetrated by someone to whom a child is not close (Ullman, 2007). Children who experience more chronic betrayal traumas may in turn rely more heavily on dissociation as a mechanism to cope with the abuse (Freyd, 1996), which may impede effective emotion regulation. It also provides one possible explanation for the subsequent deficits in detecting violations in social and other interpersonal threats that may increase risk for future revicitimization (DePrince, 2005; Gobin & Freyd, 2009). In contrast, child abuse that is less chronic and frequent in nature may nonetheless be associated with poor emotion regulation, especially if it occurs in an unsupportive emotional climate (Linehan, 1993).

Finally, similar to other community samples assessing lifetime trauma (Breslau et al., 2005; Klest, Freyd, Hampson, & Dubanoski, 2013) and samples targeting at risk youth (Flaherty et al., 2013; Hulette, Kaehler, & Freyd, 2011), the prevalence of maternal

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trauma in this sample was high, at 89%, with correspondingly high rates of emotional abuse. Rates of emotional abuse were particularly high for mothers when it was perpetrated by someone close to them (59%), suggesting that the mothers themselves had experienced significant invalidation throughout their lives by people close to them. Emotional abuse and parental verbal aggression are largely underestimated, yet their effects are significant and lasting (Polcari, Rabi, Bolger, & Teicher, 2014; Riggs, 2010). The current findings suggest that there is an intergenerational transmission of invalidating environments, where mothers who were invalidated as children and experience invalidation into adulthood are more likely to invalidate their own children.

Clinical Implications

      Promoting Mothers as Confidants during a Challenging Period of Child Development. Difficulty getting an adolescent to open up and talk about their day–to–day activities, let alone upsetting experiences, is not an uncommon problem for parents. This problem is not unexpected provided that one of the many major transitions during adolescence is a shift from confiding in and seeking emotional support from parents and instead reaching out to peers. Although developmentally appropriate, parents, and mothers in particular, continue to play an important role in helping their adolescents to manage negative emotions and navigate distressing experiences (Barbot, Heinz, & Luthar, 2014; Klimes–Dougan et al., 2007). The findings from this study suggest that some mothers, especially those who can regulate their emotions in response to adolescent negative emotion and validate their adolescents' expression of negative emotion, are better at getting their adolescents to open up than other mothers. However, maternal regulation and validation of adolescent negative emotion is no small feat. Adolescents

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tend to be more sensitive to the social environment, experience greater emotional upheaval and lability, and have more conflict in their interactions with their parents (Dahl, 2001; Marceau et al., 2015; Steinberg, 2005; Steinberg & Morris, 2001) In turn, mothers appear to be generally less tolerant of their adolescents' negative emotions during this period of development, as adolescents expect and receive more invalidating responses from their mothers in response to their expressions of sadness, anger, and other negative emotions (Klimes–Dougan et al., 2007; Zeman & Garber, 1996). Perhaps mothers are more likely to believe that their adolescent's expressions of emotion tend to be exaggerated and unnecessary, or believe that adolescents should be mature enough to manage their emotions more independently. Thus, maternal invalidation of adolescent negative emotion may be an additional motive for older children and adolescents to rely more heavily on their peers as their confidants.

Helping mothers to increase their emotion regulation skills and to validate rather than invalidate their children's negative emotions may be an effective way to promote better mother–adolescent communication, especially in regard to distressing experiences. One option might be to train mothers to respond more supportively to their adolescents. Basic supportiveness skills can be taught to young adults prior to a peer's disclosure of a distressing experience (Foynes & Freyd, 2011), and elaborative and emotion–rich reminiscing strategies can be taught to high–risk parents, such as those who have maltreated their children (Valentino, Comas, Nuttall, & Thomas, 2013). However, the teaching of these skills may not result in additional perceived support by the person who discloses (Foynes & Freyd, 2011). Moreover, mothers must straddle the dialectical tension inherent in validation and perhaps particularly relevant for adolescent behavior.

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As Linehan noted: "…not all behavior is valid in every sense" and "… all behavior is valid in some sense" (Linehan, 1997, p. 359). That is, mothers cannot simply validate all of their adolescents' behaviors or emotions and they must learn to uncover those aspects of their adolescents' behaviors and emotions that are valid. Additional research is thus needed to examine whether mothers can learn to effectively validate their adolescent through participation in a brief validation intervention to enhance disclosure outcomes.

The findings from this study further suggest that mothers with a history of childhood trauma may find it particularly challenging to help their adolescents manage negative emotion and distressing experiences, and thus, they may require a more intensive intervention. Clinical interventions that incorporate emotion regulation skill development for mothers show promise for helping mothers to better manage their emotions and reduce some negative psychological outcomes for youth (Havighurst, Kehoe, & Harley, 2015; Martin, Roos, Zalewski, & Cummins, under review; Shortt, Eddy, Sheeber, & Davis, 2014). Future research should assess whether improvements in maternal emotion regulation, distress tolerance, and responsiveness to their children's emotions also leads to earned trust from their children and reciprocal changes in children opening up more to their mothers following intervention.

Promoting and Supporting Children's Disclosures of Abuse. Adolescents consider their mothers' level of emotional availability and responsiveness prior to sharing distressing experiences with them. However, at the public policy level, current initiatives that inform child abuse prevention and intervention efforts have focused on encouraging child disclosure without an emphasis on educating adults on how to respond supportively (Wager, 2013). This is problematic given that unsupportive parental responses are

common (Hershkowitz et al., 2007) and responses that are perceived as unsupportive can be harmful even when that is not the parent's intent (Bolen & Lamb, 2007). Moreover, the findings from the current study suggest that children are more likely to make disclosures to mothers who already respond to distressing experiences supportively. Thus, a further goal is to teach mothers and other caregivers and trusted adults how to respond supportively to negative child emotion to preemptively encourage youth to disclose distressing experiences, including abuse.

Limitations

While this study has a number of significant strengths, it also has some limitations. First, the data for this study are cross–sectional, so causal inferences cannot be confirmed. Although an attempt was made to examine the appropriate temporal sequence of factors in Model 1 by utilizing data specific to three different developmental periods in the mothers' lives, the data were nonetheless collected at the same time point. An alternative model alternating the order of the two adult variables referencing the same period was also tested lending support for the sequence proposed. Nonetheless, longitudinal research is needed to replicate this model, as well as to better understand how changes in the valence of maternal distress or maternal validating and invalidating behaviors are related to adolescents' willingness to share distressing experiences with their mothers. Some initial longitudinal work suggests that parental validating and invalidating responses to children's negative emotion change over time in accordance with children's developmental stage (Stettler & Katz, 2014). Given the emotional and social changes that occur during adolescence, longitudinal work through adolescence is particularly needed.

Second, it is widely accepted that interactions between mothers and their children are more transactional in nature and less directed from one partner. For example, children's emotion regulation during distressing conversations with their mothers does, in turn, influence their mothers' validating and invalidating responses (Morelen & Suveg, 2012). Future research should examine these reciprocal relationships, while continuing to consider that despite children's emotions and behaviors having an impact on their parents, parents are ultimately charged with the responsibility of socializing their children to emotion, even in the context of dysregulated child emotion (Dix, 1991).

Third, the demographic composition of the study was limited in that it did not include fathers. Like mothers, fathers are also involved in the emotion socialization process for their children. Yet, much of the research that has incorporated fathers has examined their role with younger children (e.g., Nelson et al., 2009), making research with adolescents all the more needed. Moreover, fathers have been shown to respond to their children's emotions, including distressing emotions, in less supportive ways than mothers (Klimes–Dougan et al., 2007; Nelson et al., 2009). A related consequence may be that youth seek out their fathers less frequently than their mothers to discuss emotionally distressing experiences and to make disclosures of abuse (Smetana et al., 2006; Tang et al., 2007; Zeman & Garber, 1996). Thus, it is important to gain a better understanding of the paternal factors that encourage adolescent disclosure of distressing experiences.

Fourth, the demographic composition was further limited in that it was primarily a Caucasian sample. Although the current sample matched the demographic characteristics of the population in the community, interaction styles differ by culture in such a way that

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maternal factors linked to adolescent disclosure may also differ within different cultures. For example, when examining potential differences by race, Nelson and colleagues (2013) found that parental use of encouragement of children's expression of negative emotions in African American families was associated with worse academic performance and social–emotional competence for their children. Likewise, although there is little empirical work examining cultural values and the disclosure of abuse, Fontes and Plummer (2010) explored the ways that certain cultural values, such as taboos and modesty; honor, respect, and patriarchy; and shame, as well as religious values, may impact disclosure. It is important to examine how cultural and religious values may impede the disclosure of abusive or distressing experiences in order to tailor interventions to maximize support.

Finally, the mothers and adolescents self–selected into the study, making replication of these findings even more necessary. It may be the case that the mother–adolescent dyads who were drawn to and participated in the study were dyads who tended to have better relationships and were more likely to engage in difficult and distressing conversations on their own. As a way to mitigate the self–selection of mothers and adolescents who were very close, and open with one another, the recruitment advertisements were directed at mothers and adolescents who had a difficult time talking to one another. However, mothers and adolescents were not screened into the study, and future research should better control for these relational factors during recruitment. Nonetheless, provided that relatively equal numbers of the adolescents in the current study disclosed and withheld their ideal disclosure suggests variability in adolescents' willingness to disclose distressing experiences to their mothers.

Future Directions

While the findings from the current study are encouraging, they leave many important questions open for future research. For example, the findings from this study suggest that adolescents are more likely to disclose substantive details about distressing experiences and to find disclosing distressing experiences more beneficial when they perceive their mothers to be validating. However, much less is known regarding how adolescents' temperament or their biological predisposition towards experiencing emotions interfaces with maternal validation. Linehan's (1993) biosocial theory of emotion dysregulation, which proposes a transactional process between children's biological predisposition towards emotional vulnerability (i.e., being more sensitive to emotional stimuli, experiencing emotions more frequently and with greater intensity, and having a slower recovery back to baseline following the experience of negative emotion) and having their emotions invalidated suggests that invalidating responses may be particularly detrimental for youth who are more emotionally vulnerable. In line with models of differential susceptibility to risk (e.g., Belsky & Pluess, 2009), it may be that more biologically vulnerable youth are at greater risk for negative outcomes when their mothers are invalidating but have an increased opportunity for optimal outcomes when their mothers are validating, compared to youth who are less emotionally vulnerable. Studies incorporating adolescent temperament and physiological regulation are an essential next steps in better understanding individual differences in risk from invalidating environments.

Another direction for future work would be in designing studies in a more naturalistic environment. Despite the strengths of the current study in incorporating an

observed disclosure, as compared to assessing adolescent self–report of disclosure, disclosing in a research setting likely introduces attempts to respond in a socially desirable way. Studies integrating ecological momentary assessment methods (e.g., Shiffman, Stone, & Hufford, 2008) can enhance the ecological validity of this research. For example, a study using an audio recording device worn by research participants to collect real–time conversations (e.g., Mehl, Pennebaker, Crow, Dabbs, & Price, 2001) between adolescents and their mothers at home or in other natural environments would be ideal to assessing maternal emotional distress, as well as validating and invalidating responses to youth in their everyday conversations. Adolescents could likewise be primed to complete questionnaires regarding their experiences disclosing and withholding information from their mothers to determine how maternal emotional distress and validating and invalidating behaviors are related to adolescent disclosure of daily activities and distressing experiences in a natural context. Moreover, this type of naturalistic design could also be used to assess whether adolescents' disclosure strategies change depending on their mothers' emotional expression, periods of conflict or closeness with their mothers, and other contextual factors, such as whether other people are around and the time of day.

As briefly discussed in the clinical implications section, an important empirical question is whether mothers can be effectively taught to validate their children's emotions. Future research should examine whether validation skills can be effectively taught independent of emotion regulation skills, whether an emotion regulation intervention for mothers would naturally lead mothers to validate their adolescents' negative emotions, or whether instruction of both skills is necessary. A next step would

include investigating whether changes in maternal emotion regulation and validation likewise lead to greater trust and more open communication between adolescents and their mothers. It may be that there is a particular window of opportunity for maternal change to increase adolescent disclosure and expression of negative emotion, where for mothers who wait too long, the changes come too little too late. Longitudinal research is necessary to examine these questions, as well as to determine whether intervention could preemptively encourage youth to disclose distressing experiences, including abuse to their mothers.

A final consideration would be to examine the role of ongoing trauma and invalidation in mothers' lives, particularly for those with a history of childhood trauma. Mothers with childhood histories of trauma in safe and stable relationships with their intimate partners and who provide support and warmth to their children tend to break the intergenerational cycle of abuse, whereas mothers in abusive and nonnurturing relationships tend to perpetuate the cycle (Jaffee et al., 2013). Mothers who continue to be abused and invalidated within their close relationships may not be in a safe enough position to integrate emotion regulation and validation skills into their lives. Alternatively, the acquisition of such skills within invalidating environments may nonetheless be sufficient enough to enable greater maternal validation and less emotional distress in response to children's negative emotion. Thus, research examining the potential moderating role of exposure to abuse as an adult is needed to determine how best to intervene for mothers and adolescents who are most at– risk for emotional distress, low maternal validation, and limited adolescent disclosure.

Conclusion

The current study contributes to the literature in numerous ways. It supports a social cognitive model of disclosure (Bussey & Grimbeek, 1995) that emphasizes children's perceptions of how others will respond before disclosing emotionally upsetting experiences. It also expands upon prior research examining this phenomenon regarding youths' self–report of their disclosure of their daily activities to their parents (e.g., Tilton–Weaver et al., 2010) by having adolescents disclose a distressing experience to their mothers for the first time. Mothers who were more likely to become emotionally distressed in response to their adolescents' expression of negative emotion were also more likely to be perceived by their adolescents as less validating and more invalidating. In turn, adolescents who perceived their mothers to be less validating were less likely to share the most important and distressing aspects of the experience they disclosed to their mothers and they found disclosing to their mothers to be less beneficial.

When examining risk factors for maternal distress in response to adolescent negative emotion, mothers with childhood histories of interpersonal traumas were found to be more likely to struggle in regulating their emotions and to become emotionally distressed in response to their adolescent's negative emotion. These findings suggest that mothers with a trauma history and emotion regulation difficulties are more likely to respond poorly to their adolescents' emotions and discourage their adolescents' disclosures of distressing experiences. These findings: a) highlight the often long–lasting effects of childhood trauma that disrupt mothers' abilities to regulate their emotions and respond sensitively to their children's negative emotions, and b) provide the foundation for future research evaluating clinical interventions targeted at increasing maternal

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emotion regulation skills and validation of children's negative emotions, as they may

provide an effective way to promote better mother–adolescent communication, especially

in regard to distressing experiences and for mothers with childhood histories of trauma.
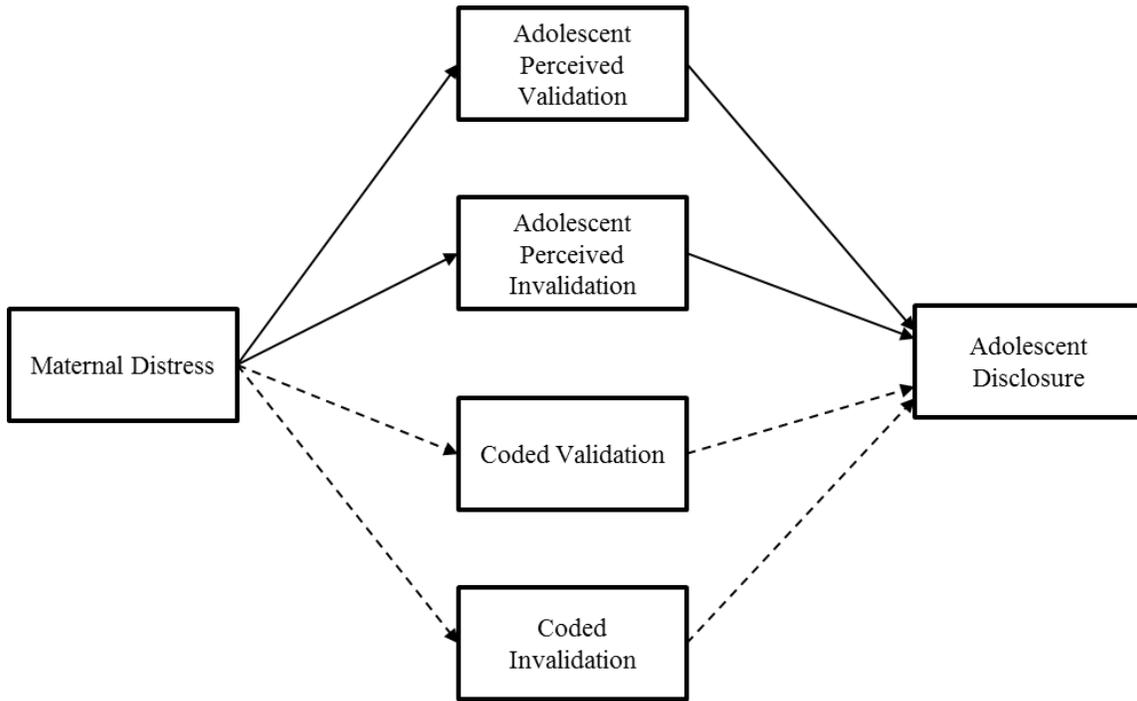
Figure 1. Conceptual model for adolescent disclosure of a distressing experience. Adolescent disclosure was examined 3 different ways: substantive disclosure, efficacious disclosure, and ideal disclosure. Dashed pathways were excluded for the ideal disclosure.

Childhood   Early Adulthood   Adulthood
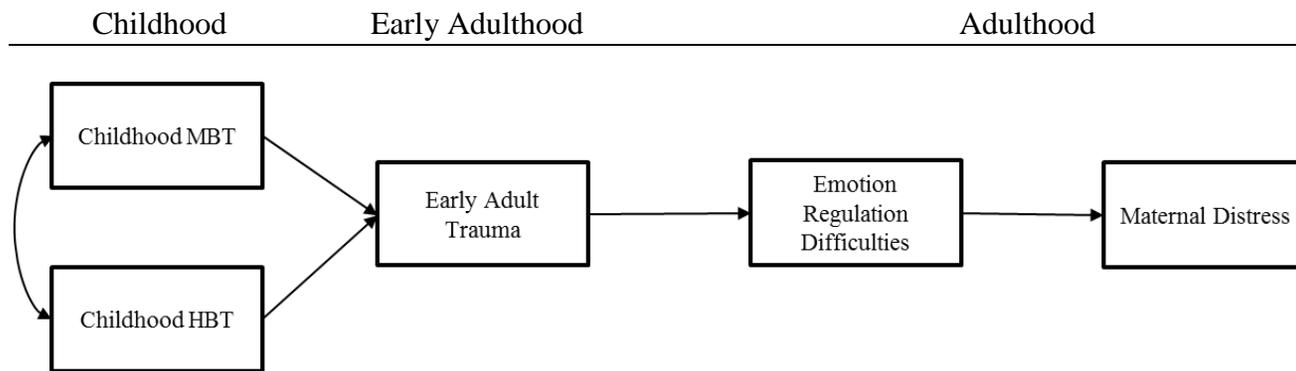
Figure 2. Conceptual model of the associations between mothers' history of childhood trauma and maternal emotional distress. MBT is moderate betrayal trauma; HBT is high betrayal trauma.
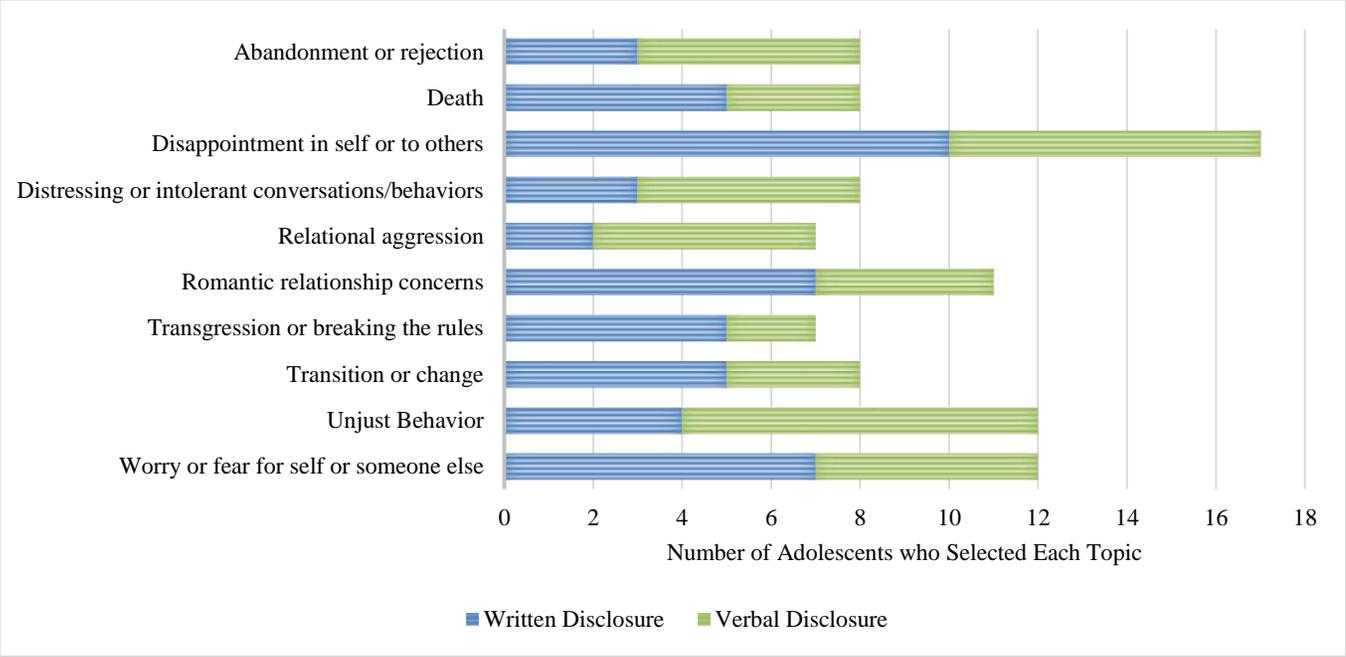
Figure 3. The most common disclosure topics by modality of disclosure.
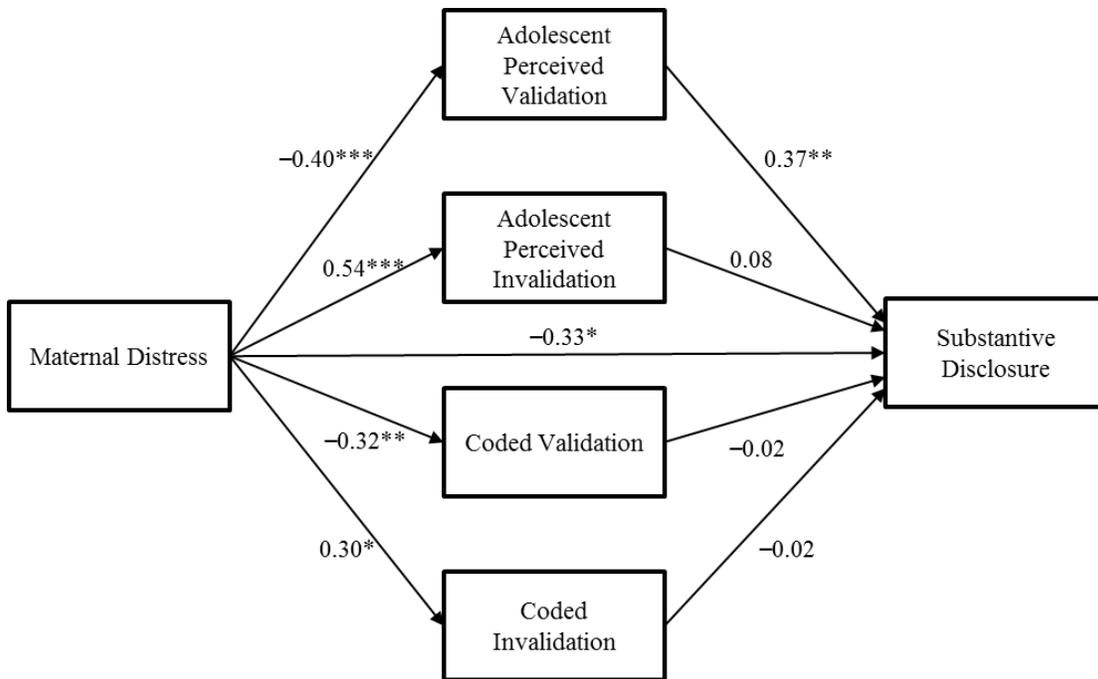
Figure 4. Standardized parameter estimates for path Model 1—substantive disclosure, controlling for adolescent age, adolescent emotion regulation difficulties, and SES.
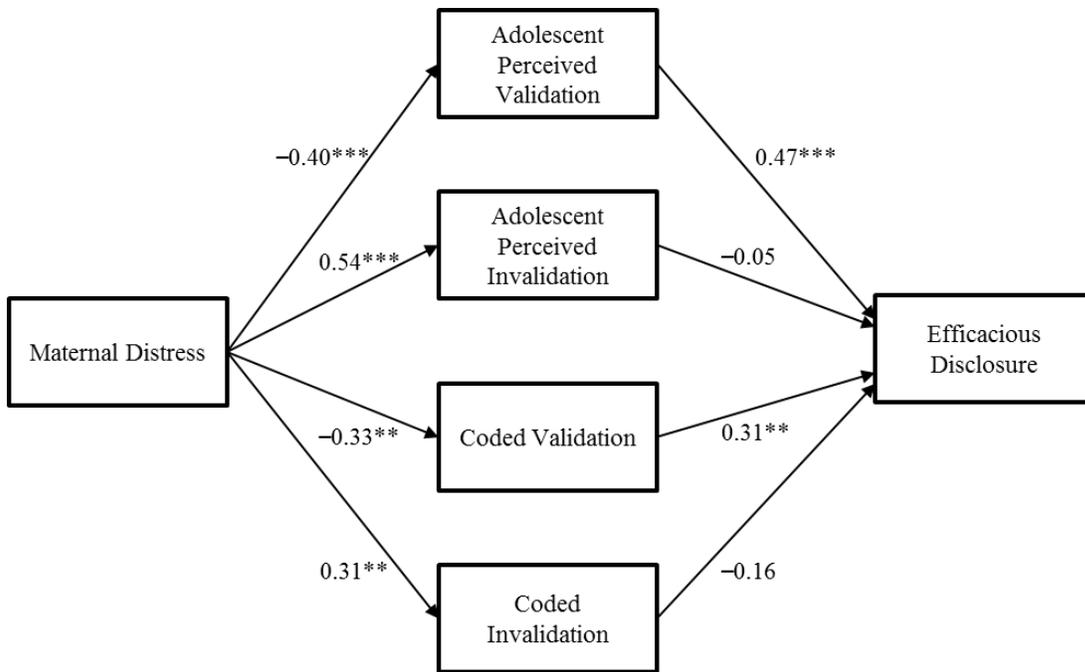
Figure 5. Standardized parameter estimates for path Model 1—efficacious disclosure, controlling for adolescent age, adolescent emotion regulation difficulties, and SES.
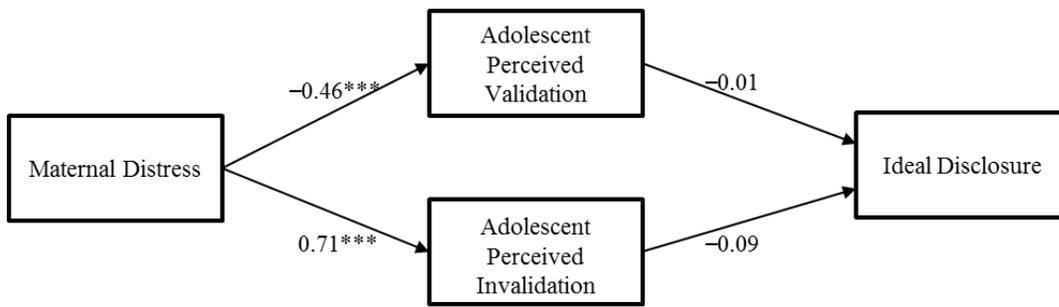
Figure 6. Standardized parameter estimates for path Model 1—ideal disclosure, controlling for adolescent age, adolescent emotion regulation difficulties, maternal perceived severity of disclosure experience, pubertal development, and SES.
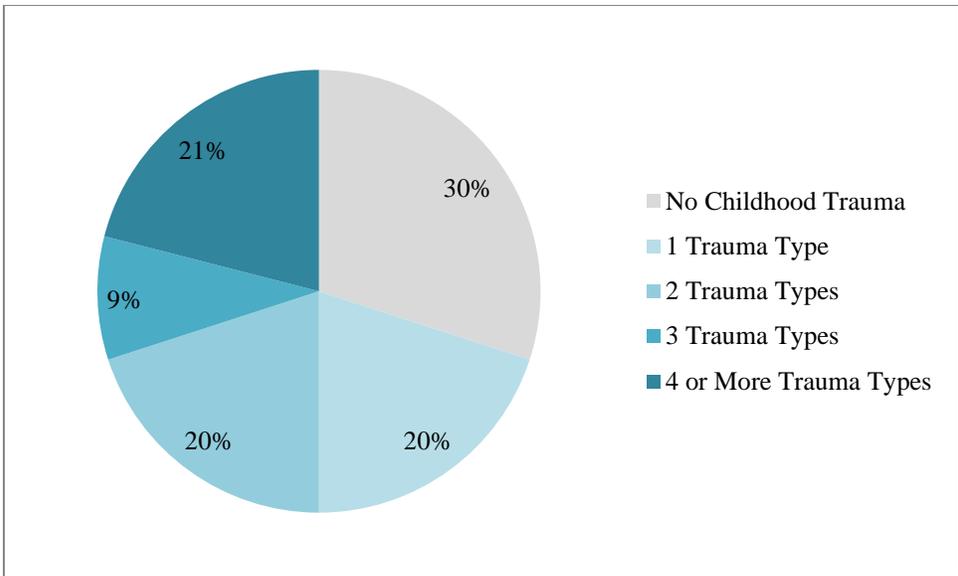
Figure 7. Prevalence of maternal history of childhood trauma.
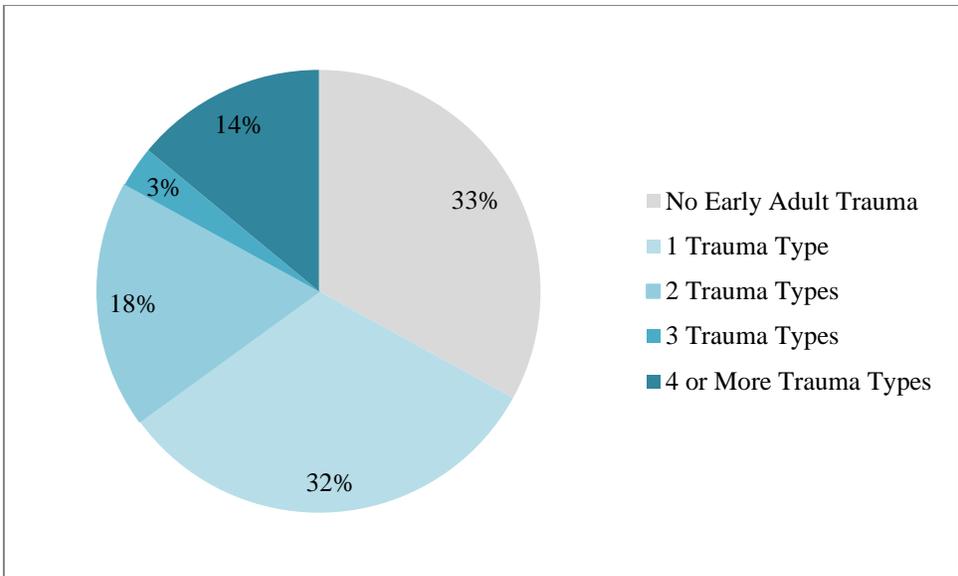
Figure 8. Prevalence of maternal history of early adult trauma.
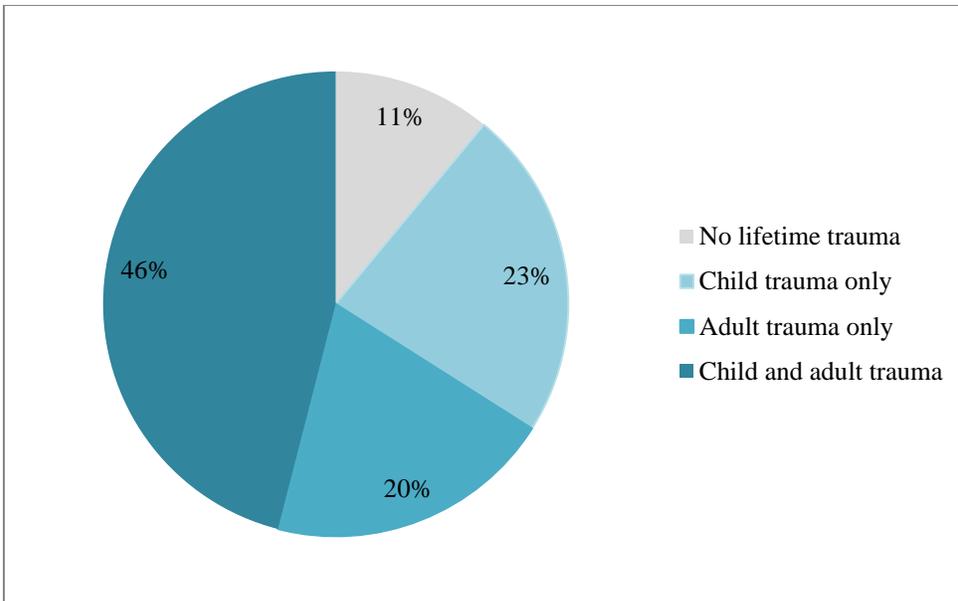
Figure 9. Trauma prevalence rates across development for mothers
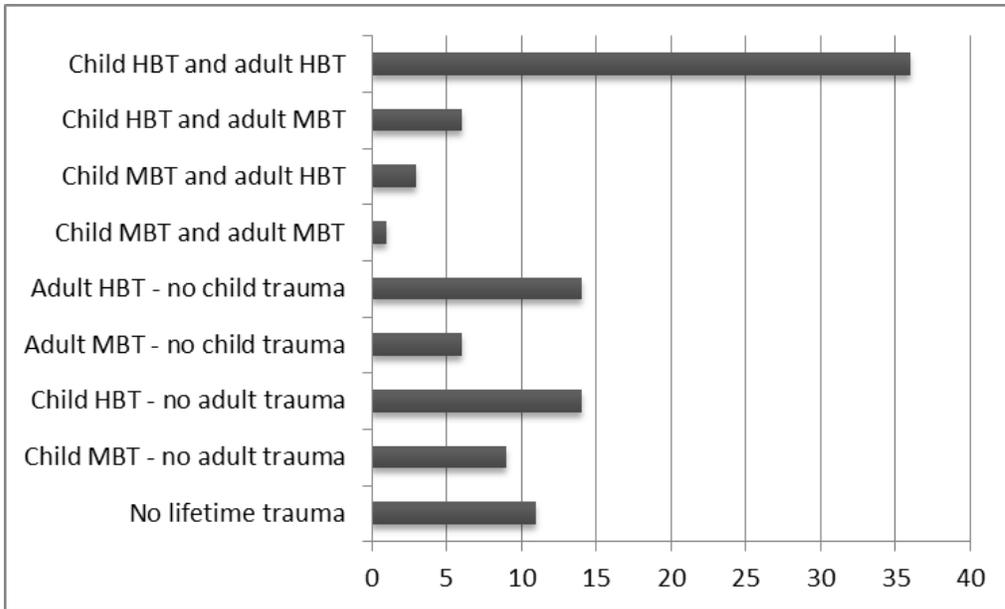
Figure 10. Trauma prevalence rates across development for mothers by level of betrayal trauma
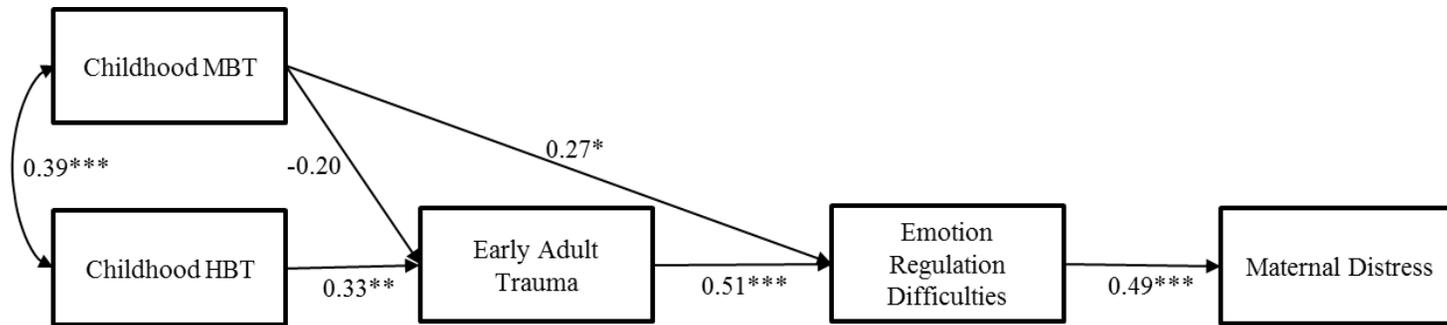
Figure 11. Standardized parameter estimates for path Model 2, controlling for adolescent age and SES.
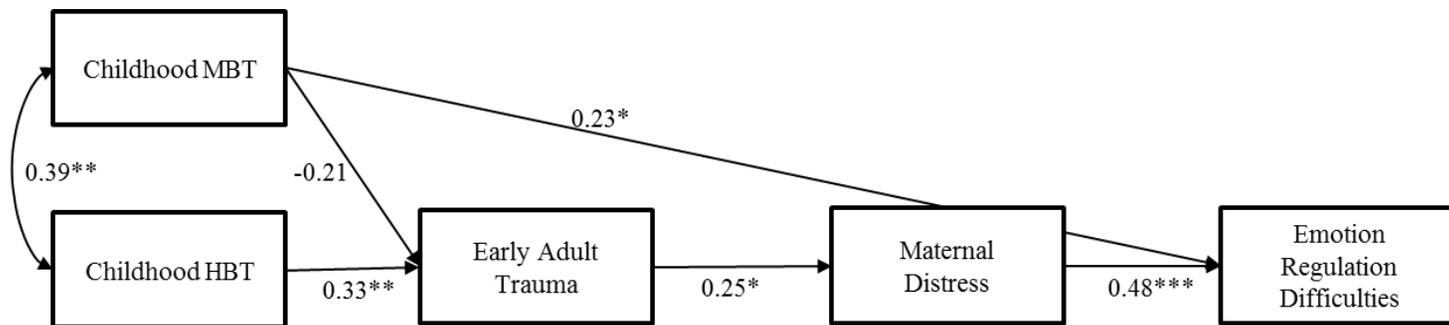
Figure 12. Standardized parameter estimates for the alternative path model for Model 2, controlling for adolescent age and SES.

Table 1

Demographics for Mothers and Adolescents

Demographic	Mother	Adolescent
Age (*M*, *SD*)	42.86 (8.22)	14.31 (1.66)
Gender (% female)	100	58
Race/Ethnicity (%)		
African American or Black	1	1
Caucasian or White	82	70
Hispanic or Latino	8	9
Multiracial or Other	9	18
Native American	0	2
Education (%)		
Less than high school	1	100
High school	20	
Technical/trade school/some college	9	
Associate's degree	27	
College degree	21	
Graduate School degree	17	
Employment status (% employed)	62	
Income (%)		
$0–9,999	11	
$10,000–24,999	21	
$25,000–49,999	32	
$50,000–74,999	13	
$75,000–99,999	8	
$100,000–149,999	9	
$150,000–250,000	6	
Marital status (%)		
Divorced or separated	18	
In a relationship, not married	14	
Married	55	
Single	8	
Widowed	1	

Table 2

List of Complete Study Measures

Adolescent	Mother
Demographics questionnaire for adolescents	Demographics questionnaire for mothers
Positive and Negative Affect Scale (Watson, Clark, & Tellegen, 1988)	Positive and Negative Affect Scale (Watson et al., 1988)
Coping with Children's Negative Emotion Scale–Adolescent Perception Version (Fabes & Eisenberg, 1998)	Coping with Children's Negative Emotion Scale–Adolescent Version (Fabes & Eisenberg, 1998)
Children's Reports of Parental Behavior Inventory (Schaefer, 1969; modified by Schludermann & Schludermann, 1970)	Parental Acceptance & Action Questionnaire (Cheron, Ehrenreich, & Pincus, 2009)
Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987)	Parent's Reports of Parental Behavior Inventory (Schaefer, 1969; modified by Schludermann & Schludermann, 1970)
Pubertal Development Scale (Petersen, Crockett, Richards, & Boxer, 1988)	Parenting Confidence (Gibaud–Wallston & Wandersman, 1978)
Teen Life Events Inventory (Newcomb & Harlow, 1986; Wills et al., 1992, modified by Grant & Compas, 1995)	Life Events Inventory (Cochrane & Robertson, 1973, modified by Spurgeon et al., 2001)
Written Disclosure Task	Trauma Symptom Checklist (Briere & Runtz, 1989)
Unsupportive Social Interactions Inventory (Ingram et al., 2001) for Written Disclosure	Child Behavior Checklist (Achenbach & Rescorla, 2001)
Verbal Disclosure Tasks	Verbal Disclosure Tasks
Positive and Negative Affect Scale (Watson et al., 1988)	Positive and Negative Affect Scale (Watson et al., 1988)

Table 2 (continued)

Adolescent	Mother
Post–Disclosure Questionnaire	Post–Disclosure Questionnaire
Unsupportive Social Interactions Inventory (Ingram et al., 2001) for Verbal Disclosure	Unsupportive Social Interactions Inventory (Ingram et al., 2001) for Verbal Disclosure
Cognitive Emotion Regulation Questionnaire (Garnefski, Kraaij, & Spinhoven, 2002)	Difficulties in Emotion Regulation (Gratz & Roemer, 2004)
The Psychological Abuse Scale (Briere & Runtz, 1988)	The Psychological Abuse Scale (Briere & Runtz, 1988)
Difficulties in Emotion Regulation (Gratz & Roemer, 2004)	Toronto Alexithymia Scale—20 (Bagby, Parker, & Taylor, 1994; Bagby, Taylor, & Parker, 1994; Parker, Taylor & Bagby, 2003)
Brief Betrayal Trauma Survey (Goldberg & Freyd, 2006)	Acceptance & Action Questionnaire–II (Bond et al., 2011)
Youth Self Report (Achenbach & Rescorla, 2001)	Brief Betrayal Trauma Survey (Goldberg & Freyd, 2006)
Interpersonal Support Evaluation List–Short Form (Payne, 2012)	Brief Betrayal Trauma Survey—Parent Version (Becker–Blease, Freyd, & Pears, 2004)
	Cognitive Emotion Regulation Questionnaire (Garnefski et al., 2002)
	Multidimensional Trauma Recovery and Resiliency Scale (Harvey, Liange, Harney, Koenen, Tummala–Narra, & Lebowitz, 2003)
	Interpersonal Support Evaluation List–Short Form (Payne, 2012)

Table 3

Descriptive Statistics for Maternal Study Measures

Measure	Mean	SD	Range	α
BBTS				
Childhood MBT	1.52	2.32	0 – 13	.60
Childhood HBT	3.94	4.77	0 – 18	.60
Total childhood trauma	5.45	6.11	0 – 26	.68
Early adult trauma	2.97	4.05	0 – 22	.73
DERS	73.64	22.84	42 – 141	.96
CCNES–A				
Maternal distress	2.09	1.18	1 – 4.89	.90
PANAS				
Negative affect	12.85	5.17	10 – 40	.90

Note. BBTS is Brief Betrayal Trauma Survey; MBT is moderate betrayal trauma; HBT is high betrayal trauma; DERS is Difficulties in Emotion Regulation Scale; CCNES–A is Coping with Children's Negative Emotions Scale–Adolescent Version; PANAS is Positive and Negative Affect Schedule.

Table 4

Descriptive Statistics for Adolescent Study Measures

Measure	Mean	SD	Range	α
CCNES–AP				
Maternal distress	1.63	0.82	1 – 5.22	.83
Maternal validation	3.81	1.46	1 – 6.33	.97
USII	0.95	0.67	0 – 2.95	.89
Post–disclosure questionnaire				
Substantive disclosure	4.08	0.70	2.5 – 5	.83
Efficacious disclosure	3.89	0.74	1.8 – 5	.88
Ideal disclosure (% yes)	55			
Covariates				
Perceived severity of disclosed experience at time of event	6.09	2.78	1 – 10	
Perceived severity of disclosed experience currently	4.25	2.56	1 – 10	
Pubertal Development				
Females	3.35	0.55	2 – 4	.75
Males	2.61	0.55	1.6 – 4	.73
DERS	90.23	22.53	47 – 142	.92

Note. CCNES–AP is Coping with Children's Negative Emotions Scale–Adolescent Perception Version; USII is Unsupportive Social Interactions Inventory; DERS is Difficulties in Emotion Regulation Scale.

Table 5

Moderate and High Betrayal Trauma Items from the Brief Betrayal Trauma Survey

High Betrayal Trauma	Moderate Betrayal Trauma
Witnessing Violence	
Personally witnessed someone with whom you were *very close* (such as a parent, brother or sister, caretaker, or intimate partner) committing suicide, being killed, or being injured by another person so severely as to result in marks, bruises, burns, blood or broken bones. This might include a close friend in combat.	Personally witnessed someone with whom you were *not so close* undergoing a similar kind of traumatic event.
Witnessing Domestic Violence	
Personally witnessed someone with whom you were *very close* deliberately attack one of your family members so severely as to result in marks, bruises, blood, broken bones, or broken teeth.	Personally witnessed someone with whom you were *not so close* deliberately attack a member of your family that severely.
Physical Abuse	
You were deliberately attacked that severely by someone with whom you were *very close*.	You were deliberately attacked that severely by someone with whom you were *not so close*.
Sexual Abuse	
You were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were *very close*.	You were made to have such sexual contact by someone with whom you were *not very close*.
Emotional Abuse	
You were emotionally or psychologically mistreated over a significant period of time by someone with whom you were *very close*.	You were emotionally or psychologically mistreated over a significant period of time by someone with whom you were *not very close*.

Table 6

Levels of Validating and Invalidating Behaviors and Coded Examples

Validating Behaviors	Invalidating Behaviors
Level 2	
Acknowledging or Functionally Responding	Inattention, Missed Opportunities, or Functional Unresponsiveness
A: "He basically was very rude, and you know what I mean, and, then basically, turning it around the…and said I was being mean to him." M: "It's manipulative."	A: "I never really got along with people, because a lot of times they're more immature than me, and, I can be immature, but, their immaturity is a different type of immature as well, you know, so, a lot of negativity with kids my age, a lot of negativity…with social media…" M: "You don't really, you have a Facebook profile, you just don't"
Level 3	
Clarifying	Insisting
A: "And it was just like, 'No,' but it was, just bugged me." M: "So you felt angry, that was anger for you?"	A: "No, no I can, I can talk about this stuff, uh, yeah, no you guys, whatever we get in an argument or such, whatever you and Dad get in an argument, then we get thrown into it always, me and [sibling's name], it's real nice." M: "That's because when you're raising children and your life is about money and raising children, moving across the country once and again, things are hard. I mean, I, I

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Table 6 (continued)

Validating Behaviors	Invalidating Behaviors
	M (continued): appreciate, but you're, you don't know what the macro of it is to be a grown up and to not have a big family and not have a support system."

Level 4

Recontextualizing	Increasing the Negative Valence
A: "Yeah. It was definitely lacking in something, but, you know, when I was still a kid I was still naïve and I didn't know what was wrong, I didn't realize I had, like, emotional problems at that time."	A: [A discloses not fitting in with her peers.]
	M: "You are the, the weird puzzle piece"
M: "I don't think you had emotional problems, you were just dealing with a very emotional situation, and didn't know how to handle it."	

Level 5

Normalizing	Pathologizing
A: "I probably should have"	A: "Like the other day he started like getting mad and yelling cuz there wasn't any spoons."
M: "No, it's hard to think of that in the moment when you're sort of shocked and ashamed, and sometimes you just want to like duck and cover [motions]."	M: "He doesn't want to give her cereal, but he gives her cereal to shut her up, and there's no spoon, and you've been sitting there all day, why isn't there a clean spoon?"

Table 6 (continued)

Validating Behaviors	Invalidating Behaviors

Level 6

Radical Genuineness	Attacking or Fragilizing
A: "And I feel so funny, like, in my head like, 'Oh, this is what life's gonna be like if Mom were to die and if [brother] were to die.' " [crying and wiping away tears]	A: "I'm not, though. That's why you don't like your son."
M: "And, I'm sorry you had to go through that, and, you felt so alone and so abandoned, I'm so sorry."	M: "Because you're a terrible person."

Level 7

Reciprocal Vulnerability	Indifference to Vulnerability
A: "I walked up and stuff, and I, and at the end of the day we were walking up to the bike and he saw his other friends and he just left yeah, that made me feel kinda hurt."	A: [A discloses a specific example of when stepdad treated her unfairly]
M: "Well, I'm sorry. I know [friend]'s done some other stuff, I mean, I've been with you, in public, when we've seen him walk by, and. I felt really hurt, I mean, I can imagine how hurt you felt, you, he was one of your two best friends, so I mean, he wasn't my best friend, and when he snubbed me in public like that walking by I felt hurt, really, really hurt, I mean, and it was surprising to me how upsetting I felt, and I imagine it felt even worse for you."	M: [M looks away and then teen down. Her arms are crossed. She does not say anything for 34 seconds]
	A: "What makes you feel sad, angry or afraid?"
	M: [M shares with A what makes her feel afraid and does not acknowledge her daughter's prior disclosure.]

Note. A is adolescent; M is mother; Level 1 validation level is attentive listening and does not get scored because it is considered baseline; Level 1 invalidation is inattention and was incorporated into level 2 for the current study

Table 7

Descriptive Statistics and Correlations Between Study Variables in Model 1

Variable	M	SD	1	2	3	4
1. A age	14.31	1.66	—			
2. A pubertal development	3.04	0.66	0.56***	—		
3. SES	0.00	0.87	0.01	−0.01	—	
4. A emotion reg difficulties	90.23	22.53	0.13	0.26*	−0.04	—
5. Maternal distress	0.00	0.77	0.14	0.17	−0.03	0.28*
6. Validation−adolescent	3.81	0.77	0.27*	0.14	0.33**	−0.22
7. Invalidation−adolescent	0.95	0.67	0.13	0.12	−0.03	0.37**
8. Validation−coded	4.58	1.47	−0.06	−0.25*	0.18	−0.19
9. Invalidation−coded	2.98	1.83	0.08	0.20	−0.16	0.15
10. Efficacious disclosure	3.89	0.74	0.07	0.01	0.27*	−0.19
11. Substantive disclosure	4.08	0.70	0.04	0.02	0.30*	−0.13

Table 7 (continued)

5	6	7	8	9	10	11
—						
−0.36**	—					
0.55***	−0.36**	—				
−0.31*	0.33**	−0.31*	—			
0.29*	−0.14	0.18	−0.52***	—		
−0.35**	0.59***	−0.30*	0.53***	−0.37**	—	
−0.41**	0.43***	−0.21	0.18	−0.14	0.56***	—

Note. A is adolescent; reg is regulation; Log transformed values for maternal distress are used for the intercorrelations; raw values are used for the descriptive statistics.
* $p < .05$. ** $p < .01$. *** $p < .001$.

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Table 8

Descriptive Statistics and Correlations Between Study Variables in Model 2

Variable	M (SD)	1	2	3	4	5	6	7
1. Adolescent age (years)	14.31 (1.66)	–						
2. SES	0.00 (0.87)	0.01	–					
3. Childhood MBT	1.52 (2.32)	0.04	–0.05	–				
4. Childhood HBT	3.94 (4.77)	0.11	–0.19	0.39**	–			
5. Early adult trauma	2.97 (4.05)	–0.26*	–0.30*	–0.09	0.26*	–		
6. Emotion reg difficulties	73.64 (22.84)	–0.16	–0.25*	0.22	0.27*	0.49***	–	
7. Maternal distress	0.00 (0.77)	0.14	–0.03	–0.01	0.12	0.25*	0.48***	–

Note. All values except adolescent age are for mothers. MBT is moderate betrayal trauma; HBT is high betrayal trauma; Reg is regulation. Log transformed variables are used for the intercorrelations for childhood MBT, childhood HBT, early adult trauma, and maternal distress; raw variables are used for the descriptive statistics. * $p < .05$. ** $p < .01$. *** $p < .001$

Table 9

Relationship of Potential Covariates with Ideal Disclosure

	B	Wald	*Exp(B)*
Adolescent age	−0.23	2.08	0.80
Adolescent pubertal development	−0.84	4.21*	0.43
Adolescent emotion regulation difficulties	−0.00	0.13	1.00
Maternal perception of disclosure severity	0.31	5.26*	1.37
SES	−0.03	0.01	0.98
Recruitment strategy	−0.21	0.14	1.23

*Note. * p < .05.*

Table 10

Relationship of Study Variables to Participant Recruitment Method

	Database		Community Outreach			
	M	*SD*	*M*	*SD*	*t*	*p*
Model 1						
Validation–adolescent	4.39	1.42	3.53	1.40	2.25	0.03
Invalidation–adolescent	0.92	0.51	0.98	0.74	−0.32	0.75
Validation–coded	4.50	1.72	4.58	1.37	−0.20	0.85
Invalidation–coded	3.11	2.25	2.91	1.67	0.39	0.70
Substantive disclosure	4.40	0.51	3.93	0.73	2.53	0.01
Efficacious disclosure	4.08	0.70	3.79	0.74	1.48	0.14
Model 2						
Childhood MBT	0.25	0.33	0.28	0.31	−0.35	0.73
Childhood HBT	0.35	0.43	0.52	0.46	−1.38	0.17
Early adult trauma	0.34	0.29	0.48	0.40	−1.36	0.18
Emotion reg difficulties	67.95	15.57	76.22	25.17	−1.33	0.19
Maternal distress	−0.24	0.30	−0.08	0.34	−1.72	0.09

Note. MBT is moderate betrayal trauma; HBT is high betrayal trauma; reg is regulation. Log transformed variables are used for childhood MBT, childhood HBT, early adult trauma, and maternal distress.

Table 11

Relative Contributions of SES and Recruitment Strategy on Model 1

Variables of Interest

	Step 1		Step 2	
	B	SE	*B*	SE
Validation–Adolescent				
SES	0.53*	0.20	0.44*	0.21
Recruitment strategy			−0.64	0.39
Substantive Disclosure				
SES	0.24*	0.10	0.18	0.10
Recruitment strategy			−0.37	0.19

Note. Recruitment strategy (database = 0, community outreach = 1).

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Table 12

Distressing Experience Topic Categories, Frequency of Topic Reporting in Written and Verbal Disclosures, and Examples

Topic	Written (W)	Verbal (V)	W/V Agreement	Example
1) Abandonment or rejection				
Getting ditched, stood up, left out	2	3	1	(V) "it was, my father falling through with
Someone not being there when needed	1	2	0	plans to come pick me up, from a visit, when I needed to go and get stuff from his house"
2) Abuse or neglect				
Incestuous relationship	1	0	0	(V) "…my tone changed and I was like, 'Stop
Physical abandonment or neglect	0	1	0	it!' and then he like tried to put his hand in my
Sexual assault	0	1	0	pants, and I just kept saying, 'Stop it!' like,
Sexual pressure or felt threatened	0	1	0	'What the hell are you doing?! Stop!'"
Verbal abuse	1	1	0	
3) Attempted kidnapping	0	2	0	(V) "…my other friend was pulling on her, pulling on her arm, like, trying to get them to let her go, and there was two people in the van, and then, whenever I told them that I was calling the cops they all sped off…"
4) Death				
Murder of a family member	1	1	1	(W) "one of my friends kill him beacuse he was
Of a parent	1	1	1	sad beacuse his girlfriend bork up with him he
Of a pet	1	1	1	love her then anything she cheated on him
Suicide of a friend or a family member	1	0	0	beacuse she did not love him at all she just
Witnessed family member's death	1	0	0	wanted his money i hate her more then anything i wish she never did that is her fault he dead i wish told him about her i feel like its my fault he would still be alive"

Table 12 (continued)

Topic	Written (W)	Verbal (V)	W/V Agreement	Example
5) Disappointment in self or to others				
Appearance or self–image	1	0	0	(W) "I have felt really ashamed because of all
Behaving in a way that lets self or others down	6	4	1	the relationships I have been in the padt year. I
Unmet goal or expectation	3	2	1	knew that I never really liked any of them but I felt as if I wasn't good enough to be loved or cared about ever"
6) Disdain for mother's boyfriend	0	1	0	(V) "Because I very strongly dislike friend [mother's boyfriend]…very strongly."
7) Distressing or intolerant conversations/behaviors				
Behaviors (of peer, family) that cause distress	2	2	0	(V) "…the subject of ethnicity or race came up,
Context of situation makes it challenging to express true feelings or honest opinions	0	2	0	and, I just felt really uncomfortable with, um, grandpa's attitude towards, um, other
Disclosure or discussion that causes distress	1	1	0	races…And, he negated my views and invalidated my opinions as a person, and it made me really uncomfortable, and it made me feel like, if I were to continue with my opinions he would keep shutting me down, and, respect me a little bit less every time"
8) Harsh home environment				
Insensitive or critical parenting	2	0	0	(W) "…you were saying that you should have
Parental arguing or fighting	0	2	0	been more hard/strict with me in the beginning of the year and that i am wasting my high school year…and was guilt tripping me in to doing more stuff because you were disappointed in me was really super shity."
9) Injury	0	1	0	(V) [crying intensely] "My ankle hurts….it still hurts"

Table 12 (continued)

Topic	Written (W)	Verbal (V)	W/V Agreement	Example
10) Mental health problems	1	0	0	(W) "…in middle school I believe I developed clinical depression. I went through the rest of middle school and parts of high school thinking that I could somehow magically cure myself, but it didn't really work out like that at all."
11) Misunderstood				
Full potential not realized	0	1	0	(W) "Sometimes I feel like my Mom listens to me, but doesn't hear me…when i want to share these things with my mom, she doesn't really listen to what i have to say, and makes up excuses about it."
Not feeling truly heard	2	0	0	
12) Parental separation and wanting more time with a parent or parent's partner	2	2	2	(W/V) "My dad has had a lot of girlfriends…every time my dad got a new one i would get close to them and love them…I feel sad, because to me they were family. Just recently my dad broke up with another girl."
13) Refused to respond	1	2	0	(W) "there really isn't anything id like to tell my mom that she doesn't already know about."
14) Relational aggression				
Bullied	0	4	0	(W) "it happened when my friend was bullyed in school for her sexuality…[and] singled out…which i will not repeat because of how crude and angry it makes my"
Rumors/gossip spread about you or friend	0	1	0	
Witnessed bullying/friend treated poorly	2	0	0	

Table 12 (continued)

Topic	Written (W)	Verbal (V)	W/V Agreement	Example
15) Romantic relationship concerns				
Break–up	4	3	3	(W/V) "A few weeks ago my almost boyfriend
Going unnoticed/feelings not mutual	1	0	0	decided that i was too much like a sister to him
Other relationship concern	2	1	0	and that we werent going farther than friends. Before that we had been talking about after high school and being together and where we were gonna live, stuff like that."
16) Socially disconnected or isolated				
Feeling disconnected from peers (e.g., due to physical injury, emotions, level of maturity)	0	3	0	(W) "I have almost always felt like I don't fit in at school. Nobody really bullies me, but up
Feeling like you do not belong or fit in	1	0	0	until recently I never had any close friends that
Hard time making or keeping friends	1	0	0	I knew very well."
17) Substance use				
Other	1	1	0	(W) "i would drink every night several months
Self	2	1	0	ago. this experience made me feel sad,alone,helpless and sometimes angry. …i do not have a problem with this any more but i would like to tell my mother the whole truth about it."
18) Teen pregnancy and miscarriage	1	0	0	(W) "…pregnancy test, and sure enough it was positive. About a week later I woke up in the middle of the night with a sharp stabbing pain in my abdomen, and…I realized I was gushing blood. 'Miscarriage'…tears down my face how could I possibly tell my mother? I never have been through something so traumatizing…it still eats at me. I wonder if I woul have told my mom would it have gone differently?"

Table 12 (continued)

Topic	Written (W)	Verbal (V)	W/V Agreement	Example
19) Transgression or breaking the rules (not substance use)	5	1	0	(W) "I shoot it [chicken] and he starts like flailing around, and I'm like, 'Oh no, what did I do?' …I hit him square in the temple, like it couldn't have been a better shot, like I have no idea how, I was aiming at his rear and it like curved and hit him straight in the head, and he died."
20) Transition or change (e.g., new school or home)	5	3	2	(W) "I can't stand moving to a new house. W are always moving every 2 or 3 years and the house we live in now we have only lived in for a year. i was kind of mad that they were even considering moving again when we were perfectly fine in the houwse we live in now. When we move i don't know anybodyand i am a very shy person."
21) Unjust behavior				(V) "When I auditioned fro the schools play
Blamed or accused of something unfairly	2	6	2	this year, I felt really confident about it. But
Denied position/role at no fault of own	1	0	0	after I saw the cast list and saw I wasn't on it,
Promise broken or agreement unfulfilled	1	1	0	but that everyone [name] always casts in his
Witnessed for a friend	0	1	0	plays was, I was really upset. I felt upset cause me and other people thin he has a bias as to who he casts but won't admit it."

Table 12 (continued)

Topic	Written (W)	Verbal (V)	W/V Agreement	Example
22) Worry or fear for self or someone else	1	3	0	(W) "I worry about the future all the time. I
For an upcoming performance or event	1	2	0	hear about things on the news and read things in
Of failing or doing something wrong	3	1	0	the newspaper that make me feel scared for my
Of the future	1	0	0	life. Like right now, while I am writing this,
For the well–being of someone close to you	1	0	0	someone could have a grudge with another
				person in the building and takeit out on
				everyone. I could die in this five minutes."

Note. W is written; V is verbal; W/V represents a written disclosure that was also verbally disclosed; the parenthetical W,V,W/V indicates whether the example came from a written disclosure, verbal disclosure or one that was written and then verbally disclosed.

Table 13

Parameter Estimates for Path Model 1

Parameter	Substantive		Efficacious		Ideal	
	Estimate	SE	Estimate	SE	Estimate	SE
Maternal distress as a predictor of						
Adolescent validation	–0.77***	0.20	–0.77***	0.19	–0.97**	0.37
Adolescent invalidation	0.48***	0.09	0.48***	0.09	0.69***	0.18
Coded validation	–0.61*	0.24	–0.64**	0.24	–	–
Coded invalidation	0.72*	0.30	0.74*	0.30	–	–
Predictors of adolescent disclosure						
Adolescent validation	0.17**	0.06	0.23***	0.05	–0.01	0.12
Adolescent invalidation	0.09	0.13	–0.05	0.11	–0.13	0.27
Coded validation	–0.01	0.06	0.15**	0.06	–	–
Coded invalidation	–0.01	0.05	–0.06	0.04	–	–
Maternal distress	–0.31*	0.12	–	–	–	–
Covariances						
Adolescent age with adolescent validation	0.79**	0.28	0.78**	0.28	0.65†	0.33
Adolescent emotion reg with adolescent invalidation	3.21*	1.55	3.23*	1.55	–	–
Adolescent emotion reg with maternal distress	4.72*	2.19	4.72*	2.19	0.62**	0.23
Coded validation with invalidation	–1.12**	0.34	–1.15**	0.34	–	–
Maternal perceived severity with ideal disclosure	–	–	–	–	0.91**	0.35
Pubertal development with adolescent age	–	–	–	–	0.60**	0.20
Pubertal development with ideal disclosure	–	–	–	–	–0.21*	0.10
SES with adolescent validation	0.41**	0.15	0.41**	0.15	0.41*	0.20

Note. Parameter estimates are unstandardized. Reg is regulation. † $p = .05$. * $p < .05$. ** $p < .01$. *** $p < .001$.

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Table 14

Indirect Effects for Model 1

Effect	Estimate	SE	95% CI
Maternal distress → Substantive disclosure			
Adolescent perceived maternal validation	–0.13	0.07	[–0.31, –0.04]
Adolescent perceived maternal invalidation	0.04	0.07	[–0.08, 0.21]
Coded maternal validation	0.01	0.04	[–0.08, 0.10]
Coded maternal invalidation	–0.01	0.04	[–0.10, 0.07]
Maternal distress → Efficacious disclosure			
Adolescent perceived maternal validation	–0.17	0.07	[–0.35, –0.08]
Adolescent perceived maternal invalidation	–0.02	0.06	[–0.14, 0.09]
Coded maternal validation	–0.10	0.07	[–0.28, –0.01]
Coded maternal invalidation	–0.05	0.04	[–0.14, 0.02]

Note. Estimates are unstandardized. Bias–corrected bootstrap confidence intervals are based on 1,000 samples.

Table 15

Adolescent Themes in Regard to Disclosure Topic Selection Process, Frequencies for each Theme, and Examples

Theme	Frequency	Example
Intended to tell	16	"It was an event that I hadn't talked to her about but had wanted to for a while, but never found a good time to do so."
Projected support	8	"it seemed like she could help me with that more than the other topics"
Most difficult or distressing experience	7	"…it was the 2nd biggest thing i could think of (behind the one I wrote about) that would be something i knew she'd have something to say about i guess."
Only experience not known	5	"I chose the event to tell my mom because it was the only thing I haven't told her about."
Not too distressing, but distressing enough	8	"I was trying to think of a not so hard but stressful."
Apathetic	12	"I chose the first thing that popped into my head."
Did not answer the question	10	"it was difficult to talk but it was nice to get that off my shoulders."

Table 16

Maternal Childhood and Early Adult Trauma Prevalence Rates

BBTS Item	MBT Exposure						HBT Exposure					
	Total		Childhood		Early Adult		Total		Childhood		Early Adult	
	n	(%)	*n*	(%)	*n*	(%)	*n*	(%)	*n*	(%)	*n*	(%)
Witnessed Violence	19	(29)	11	(17)	10	(15)	23	(35)	14	(21)	14	(21)
Witnessed DV	10	(15)	8	(12)	4	(6)	13	(20)	13	(20)	1	(1)
Physical Abuse	14	(21)	6	(9)	8	(22)	27	(41)	14	(21)	14	(21)
Sexual Abuse	33	(51)	22	(34)	11	(17)	18	(29)	14	(22)	7	(11)
Emotional Abuse	12	(18)	8	(12)	4	(6)	39	(59)	26	(39)	23	(35)

Note: MBT is moderate betrayal trauma; HBT is high betrayal trauma; BBTS is Brief Betrayal Trauma Survey; DV is domestic violence.

Table 17

Parameter Estimates for Path Model 2

Parameter	Estimate	SE
Predictors of early adult trauma		
Childhood MBT	–0.24	0.14
Childhood HBT	0.27**	0.10
Predictors of emotion regulation difficulties		
Childhood MBT	8.36*	3.23
Early adult trauma	13.53***	2.68
Predictor of maternal distress		
Emotion regulation difficulties	0.02***	0.00
Childhood MBT covariance with childhood HBT	0.29**	0.10
SES covariance with early adult trauma	–0.19*	0.09
Adolescent age covariance with early adult trauma	–0.42*	0.17
Adolescent age covariance with maternal distress	0.28*	0.13

Note. Parameter estimates are unstandardized. MBT is moderate betrayal trauma; HBT is high betrayal trauma. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 18

Indirect Effects for Model 2

Effect	Estimate	SE	95% CI
Childhood HBT → Maternal distress			
Early adult trauma and emotion regulation difficulties	0.06	0.03	[0.01, 0.13]
Childhood HBT → Emotion regulation difficulties			
Early adult trauma	3.66	1.66	[0.62, 7.26]
Childhood MBT → Maternal distress			
Emotion regulation difficulties	0.14	0.06	[0.04, 0.26]
Early adult trauma → Maternal distress			
Emotion regulation difficulties	0.22	0.06	[0.12, 0.33]

Note. HBT is high betrayal trauma; MBT is moderate betrayal trauma. Estimates are unstandardized. Bias–corrected bootstrap confidence intervals are based on 1,000 samples.

Table 19

Parameter Estimates for the Alternative Path Model for Model 2

Parameter	Estimate	SE
Predictors of early adult trauma		
Childhood MBT	−0.26	0.14
Childhood HBT	0.27**	0.10
Predictors of maternal distress		
Early adult trauma	0.22*	0.11
Predictor of emotion regulation difficulties		
Childhood MBT	7.16*	3.29
Maternal distress	14.42***	3.11
Childhood MBT covariance with childhood HBT	0.29**	0.10
SES covariance with early adult trauma	−0.18*	0.09
Adolescent age covariance with early adult trauma	−0.41*	0.17

Note. Parameter estimates are unstandardized. MBT is moderate betrayal trauma; HBT is high betrayal trauma. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 20

Summary of Study Results

Hypothesis	Summary of Results
Model 1	
Direct Effects	
1.1 Maternal distress → adolescent perceived maternal validation (–)	Supported
1.2 Maternal distress → adolescent perceived maternal invalidation (+)	Supported
1.3 Maternal distress → coded maternal validation (–)	Supported
1.4 Maternal distress → coded maternal invalidation (+)	Supported
1.5 Adolescent perceived maternal validation → substantive, efficacious, and ideal disclosures (+)	Supported for substantive and efficacious disclosures but not for the ideal disclosure
1.6 Adolescent perceived maternal invalidation → substantive, efficacious, and ideal disclosures (–)	Not supported
1.7 Coded maternal validation → substantive and efficacious disclosures (+)	Supported for the efficacious disclosure but not for substantive and ideal disclosures
1.8 Coded maternal invalidation → substantive and efficacious disclosures (–)	Not supported

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Table 20 (continued)

Hypothesis		Summary of Results
Indirect Effects		
1.9	Maternal distress → adolescent perceived maternal validation → substantive, efficacious, and ideal disclosures (−, +)	Supported for substantive and efficacious disclosures but not for the ideal disclosure
1.10	Maternal distress → adolescent perceived maternal invalidation → substantive, efficacious, and ideal disclosures (+, −)	Not supported
1.11	Maternal distress → coded maternal validation → substantive and efficacious disclosures (−, +)	Supported for the efficacious disclosure but not for the substantive disclosure
1.12	Maternal distress → coded maternal invalidation → substantive and efficacious disclosures (+, −)	Not supported
Model 2		
Direct Effects		
2.1	Maternal childhood high betrayal trauma → maternal interpersonal trauma as an early adult (+)	Supported
2.2	Maternal interpersonal trauma as an early adult → maternal emotion regulation difficulties (+)	Supported
2.3	Maternal emotion regulation difficulties → maternal emotional distress in response to adolescent negative emotion (+)	Supported

Table 20 (continued)

Hypothesis	Summary of Results

Indirect Effects

2.4 Maternal childhood high betrayal trauma → maternal interpersonal trauma as an early adult → maternal emotion regulation difficulties → maternal emotional distress in response to adolescent negative emotion (+)   Supported

2.5 Maternal childhood high betrayal trauma → maternal interpersonal trauma as an early adult → maternal emotion regulation difficulties (+)   Supported

2.6 Maternal interpersonal trauma as an early adult → maternal emotion regulation difficulties → maternal emotional distress in response to adolescent negative emotion (+)   Supported

Note. − indicates a negative association; + indicates a positive association.

DEMOGRAPHICS QUESTIONNAIRE FOR MOTHERS

1. Your Gender: ___(1) Male ___(2) Female ___(3) Other

2. Your Age: _____

3. Your Ethnicity (Check all that apply):
     ___(1) Caucasian
     ___(2) Hispanic or Latino/a
     ___(3) African American/Black
     ___(4) Asian American
     ___(5) Native American
     ___(6) Pacific Islander
     ___(7) Other. Please specify_____

4. Your Country of Birth: _____

5. The country in which you were raised: _____

6. Your Child's Gender: ___(1) Male ___(2) Female ___(3) Other

7. Your Child's Age: _____

8. Your Child's Ethnicity (Check all that apply):
     ___(1) Caucasian
     ___(2) Hispanic or Latino/a
     ___(3) African American/Black
     ___(4) Asian American
     ___(5) Native American
     ___(6) Pacific Islander
     ___(7) Other. Please specify_____

9. Your Child's Country of Birth: _____

10. Please check all that apply to you:
     ___(1) Single
     ___(2) Married
     ___(3) Divorced/Separated
     ___(4) Widowed
     ___(5) Unmarried Partner
     ___(6) Other. Please specify_____

11. How many children do you have?_____

12. What is your relationship to the child in this study?
      ___(1) Biological Mother
      ___(2) Stepmother
      ___(3) Adoptive Mother
      ___(4) Foster Mother
      ___(5) Other Relative. Please specify _____
      ___(6) Other. Please specify_____

13. What is the highest level of education that you have obtained?
      ___(1) Elementary School (6th grade)
      ___(2) Middle School (8th grade)
      ___(3) High School (12th grade)
      ___(4) Trade or Vocational School
      ___(5) Associate's Degree
      ___(6) Bachelor's Degree
      ___(7) Graduate Degree

14. Do you currently have a job?   ___(1) Yes ___(2) No

    If so, what do you do? _____

15. What is your family's approximate yearly income (before taxes)?
_____

16. About how many close friends to you have? (Do not include your children)

___ None   ___ 1   ___ 2 or 3   ___ 4 or more

17. About how many times a week do you do things with any friends? (Do not include your children)

___ Less than 1   ___ 1 or 2   ___ 3 or more

18. How worried/anxious/stressed are you today about life events (for example, work, friends, family/children, etc.)?

___ not at all   ___ slightly   ___ an average amount   ___ more than average   ___ extremely

19. How would you describe your general mood today?

     ___ great   ___ good   ___average   ___ poor   ___ horrible

APPENDIX C

COPING WITH CHILDREN'S NEGATIVE EMOTIONS SCALE–

ADOLESCENT VERSION

INSTRUCTIONS: In the following items, please indicate on a scale from 1 (very unlikely) to 7 (very likely) the likelihood that you would respond in the ways listed for each item. Please read each item carefully and respond as honestly and sincerely as you can. For each response, please indicate a number from 1–7.

Response Scale:	1	2	3	4	5	6	7
	Very Unlikely			Medium			Very Likely

1. When I see my teenager becoming angry at a close friend, I usually:

a. become uncomfortable and uneasy in dealing with his/her anger   1 2 3 4 5 6 7

b. encourage him/her to express his/her anger   1 2 3 4 5 6 7

c. talk to him/her to calm him/her down   1 2 3 4 5 6 7

d. tell him/her not to make such a big deal out of it   1 2 3 4 5 6 7

e. get angry at him/her for losing his/her temper   1 2 3 4 5 6 7

f. help him/her think of things to do to solve the problem   1 2 3 4 5 6 7

2. When my teenager gets down because he/she has had a bad day, I usually:

a. tell him/her that he/she really has nothing to be sad about   1 2 3 4 5 6 7

b. try to get him/her to think of good things that happened   1 2 3 4 5 6 7

c. listen to him/her talk about his/her feelings   1 2 3 4 5 6 7

d. become obviously uncomfortable when I see he/she is feeling down   1 2 3 4 5 6 7

e. help him/her think of things to do to get his/her problem solved   1 2 3 4 5 6 7

f. tell him/her to straighten up and stop sulking around the house   1 2 3 4 5 6 7

Response Scale:	1	2	3	4	5	6	7
	Very Unlikely			Medium			Very Likely

3. When my teenager gets anxious about performing in a recital or a sporting event, I usually:

a. help him/her think of things to do to make sure he/she does his/her best 1 2 3 4 5 6 7

b. yell at him/her for becoming so anxious 1 2 3 4 5 6 7

c. try to calm him/her down by helping him/her take his/her mind off things 1 2 3 4 5 6 7

d. tell him/her not to make such a big deal out of it 1 2 3 4 5 6 7

e. encourage him/her to talk about what is making him/her so anxious 1 2 3 4 5 6 7

f. get anxious about dealing with his/her nervousness 1 2 3 4 5 6 7

4. When my teenager gets angry because he/she can't get something that he/she really wants, I usually:

a. try to make him/her feel better by making him/her laugh 1 2 3 4 5 6 7

b. help him/her think of others ways to go about getting what he/she wants 1 2 3 4 5 6 7

c. get upset with him/her for becoming so angry 1 2 3 4 5 6 7

d. become uncomfortable and don't want to deal with him/her 1 2 3 4 5 6 7

e. tell him/her he/she is being silly for getting so angry 1 2 3 4 5 6 7

f. encourage him/her to talk about his/her angry feelings 1 2 3 4 5 6 7

5. When my teenager gets sad because he/she has had his/her feelings hurt by a friend, I usually:

a. get nervous dealing with his/her sad feelings 1 2 3 4 5 6 7

b. encourage my teenager to talk about what is bothering him/her 1 2 3 4 5 6 7

c. try to cheer him/her up 1 2 3 4 5 6 7

d. tell him/her things aren't as bad as they seem 1 2 3 4 5 6 7

e. get angry at him/her for not being more in control of things 1 2 3 4 5 6 7

f. help him/her think of ways to help make the problem better 1 2 3 4 5 6 7

Response Scale:	1	2	3	4	5	6	7
	Very Unlikely			Medium			Very Likely

6. When I see my teenager become anxious about something at school, I usually:

a. tell him/her that he/she is making too big a deal out of it 1 2 3 4 5 6 7

b. become nervous and uneasy in dealing with his/her anxiety 1 2 3 4 5 6 7

c. get angry at him/her for not dealing with things better 1 2 3 4 5 6 7

d. encourage him/her to talk about what is making him/her nervous 1 2 3 4 5 6 7

e. help him/her think of things to do to solve the problem 1 2 3 4 5 6 7

f. help comfort and soothe his/her anxious feelings 1 2 3 4 5 6 7

7. When my teenager gets angry at a family member, I usually:

a. try to help him/her resolve the conflict 1 2 3 4 5 6 7
b. threaten to punish him/her 1 2 3 4 5 6 7
c. tell him/her he/she is over–reacting 1 2 3 4 5 6 7
d. try to help him/her calm down 1 2 3 4 5 6 7
e. encourage him/her to let his/her angry feelings out 1 2 3 4 5 6 7
f. become very uneasy and avoid dealing with him/her 1 2 3 4 5 6 7

8. When my teenager gets upset because he/she misses someone he/she cares about, I usually:

a. become nervous dealing with him/her and his/her feelings 1 2 3 4 5 6 7
b. encourage him/her to talk about his/her feelings for this person 1 2 3 4 5 6 7
c. try to get him/her to think of other things 1 2 3 4 5 6 7
d. tell him/her he/she has nothing to be upset about 1 2 3 4 5 6 7
e. get upset with him/her for not being in control of his/her feelings 1 2 3 4 5 6 7
f. help him/her think of ways to get in touch with the person he/she misses 1 2 3 4 5 6 7

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Response Scale:	1	2	3	4	5	6	7
	Very Unlikely			Medium			Very Likely

9. When my teenager becomes nervous about some social situation that he/she has to face (such as a date or a party), I usually:

a. try to calm him/her down by pointing out how much fun he/she will have   1 2 3 4 5 6 7

b. give him/her advice about what to do in the social situation   1 2 3 4 5 6 7

c. get angry at him/her for being so emotional   1 2 3 4 5 6 7

d. prefer not to deal with his/her nervousness   1 2 3 4 5 6 7

e. encourage him/her to express his/her feelings   1 2 3 4 5 6 7

f. tell him/her he/she is making a big deal about nothing   1 2 3 4 5 6 7

APPENDIX D

POSITIVE AND NEGATIVE AFFECT SCHEDULE

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you feel this way right now, that is, at the present moment. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

_____ interested   _____ irritable

_____ distressed   _____ alert

_____ excited   _____ ashamed

_____ upset   _____ inspired

_____ strong   _____ nervous

_____ guilty   _____ determined

_____ scared   _____ attentive

_____ hostile   _____ jittery

_____ enthusiastic   _____ active

_____ proud   _____ afraid

POST–DISCLOSURE QUESTIONNAIRE FOR MOTHERS

For the second experience that your child shared with you (e.g., the one where he/she chose an upsetting experience to share with you for 8 minutes):

1. Had your child ever told you about that event/experience before?

_____ yes   _____ no

2. If your child has shared that event/experience with you before, did your child share any new information with you today?

_____ yes   _____ no   _____ N/A

3. How helpful for your child do you think it was for him/her to share this upsetting event with you today?

1	2	3	4	5
Not helpful		Somewhat helpful		Very helpful

4. Please explain why you feel that sharing this experience with you was helpful or not helpful to your child today.

5. How much do you feel you listened to your child with compassion?

1	2	3	4	5
Not at all		Somewhat		Very much

6. How much do you think you understood the impact this distressing experience had on your child?

1	2	3	4	5
Not at all		Somewhat		Very much

7. How much do you believe that you know how to help your child?

1	2	3	4	5
Not at all		Somewhat		Very much

8. In terms of the amount of detail that your child shared with you about this experience, how many of the important details do you think he/she shared with you?

1	2	3	4	5
Very few		Some		All or
or none of the		but not all of the		most of the
important details		important details		important details

9. On a scale of 1 to 10, with 1 being the least distressing and 10 being the most distressing, how distressing **at the time of the event** do you think the experience your child shared with you today was?

       1   2   3   4   5   6   7   8   9   10
Least distressing   Most distressing

10. On a scale of 1 to 10, with 1 being the least distressing and 10 being the most distressing, how distressing **today** do you think the experience your child shared with you today was?

       1   2   3   4   5   6   7   8   9   10
Least distressing   Most distressing

11. When your child has told you about similar upsetting events/experiences in the past, do you feel that your response/reaction today was:

___ similar   ___ better   ___ worse   ___ don't remember   ___ hard to say

12. How worried/anxious/stressed are you feeling now about life events? (for example, work, friends, family/children, etc.)?

___ not at all   ___ slightly   ___ an average   ___ more than   ___ extremely
                                  amount   average

13. How would you describe your general mood today?

___ great   ___ good   ___average   ___ poor   ___ horrible

14. Thinking back to when your child first started telling you about the upsetting event/experience, what were you thinking (please indicate if you cannot remember your thought)?

15. Thinking back to when your child first started telling you about the upsetting event/experience, what were you feeling (please indicate if you cannot remember your feeling)?

16. Thinking back to the first verbal response that you made in the conversation with your child, what were you thinking (please indicate if you cannot remember your thought)?

17. Thinking back to the first verbal response that you made in the conversation with your child, what were you feeling (please indicate if you cannot remember your feeling)?

18. During conversation, we frequently space out or have another thought or visual image that distracts us from the conversation for a period of time. About how many times do you think this happened during your first conversation with your child?

19. It is common and developmentally appropriate for teenagers to withhold sharing certain experiences/events from their parents. Why do you think that your child has not told you about this particular event/experience before?

APPENDIX F

DIFFICULTIES IN EMOTION REGULATION SCALE

We are interested in learning about how moms deal with their feelings/emotions. Please indicate how often the following statements apply to you.

1	2	3	4	5	N/A
Almost never	Sometimes	About half the time	Most of the time	Almost always	
0-10%	11-35%	36-65%	66-90%	91-100%	

1. I am clear about my feelings.   _____

2. I pay attention to how I feel.   _____

3. I experience my emotions as overwhelming and out of control.   _____

4. I have no idea how I am feeling.   _____

5. I have difficulty making sense out of my feelings.   _____

6. I am attentive to my feelings.   _____

7. I know exactly how I am feeling.   _____

8. I care about what I am feeling.   _____

9. I am confused about how I feel.   _____

10. When I'm upset, I acknowledge my emotions.   _____

11. When I'm upset, I become angry with myself for feeling that way.   _____

12. When I'm upset, I become embarrassed for feeling that way.   _____

13. When I'm upset, I have difficulty focusing on other things.   _____

14. When I'm upset, I become out of control.   _____

15. When I'm upset, I believe that I will remain that way for a long time.   _____

16. When I'm upset, I believe that I'll end up feeling very depressed.   _____

17. When I'm upset, I acknowledge my emotions.   _____

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18. When I'm upset, I have difficulty getting work done.   _____

19. When I'm upset, I become out of control.   _____

20. When I'm upset, I can still get things done.   _____

21. When I'm upset, I feel ashamed with myself for feeling that way.   _____

22. When I'm upset, I know that I can find a way to eventually feel better.   _____

23. When I'm upset, I feel like I am weak.   _____

24. When I'm upset, I feel like I can remain in control of my behaviors.   _____

25. When I'm upset, I feel guilty for feeling that way.   _____

26. When I'm upset, I have difficulty concentrating.   _____

27. When I'm upset, I have difficulty controlling my behaviors.   _____

28. When I'm upset, I believe that there is nothing I can do to make myself feel better.   _____

29. When I'm upset, I become irritated with myself for feeling that way.   _____

30. When I'm upset, I start to feel very bad about myself.   _____

31. When I'm upset, I believe that wallowing in it is all I can do.   _____

32. When I'm upset, I lose control over my behaviors.   _____

33. When I'm upset, I have difficulty thinking about anything else.   _____

34. When I'm upset, I take time to figure out what I'm really feeling.   _____

35. When I'm upset, it takes me a long time to feel better.   _____

36. When I'm upset, my emotions feel overwhelming.   _____

APPENDIX G

BRIEF BETRAYAL TRAUMA SURVEY

For each item below, please mark whether the event has happened to you during each of the designated age ranges or never. Mark as many as apply. For events that you have experienced, select the best estimate of how many times the event has happened to you.

Have each of the following events happened to you?	Before Age 12	Age 12 through Age 17	Age 18 through Age 29	Age 30 and Older
1. Been in a major earthquake, fire, flood, hurricane, or tornado that resulted in significant loss of personal property, serious injury to yourself or a significant other, the death of a significant other, or the fear of your own death	YES / NO	YES / NO	YES / NO	YES / NO
2. Been in a major automobile, boat, motorcycle, plane, train, or industrial accident that resulted in similar consequences	YES / NO	YES / NO	YES / NO	YES / NO
3. Personally witnessed someone with whom you were very close (such as a parent, brother or sister, caretaker, or intimate partner) committing suicide, being killed, or being injured by another person so severely as to result in marks, bruises, burns, blood, or broken bones. This might include a close friend in combat	YES / NO	YES / NO	YES / NO	YES / NO
4. Personally witnessed someone with whom you were not so close undergoing a similar kind of traumatic event	YES / NO	YES / NO	YES / NO	YES / NO
5. Personally witnessed someone with whom you were very close deliberately attack one of your family members so severely as to result in marks, bruises, blood, broken bones, or broken teeth	YES / NO	YES / NO	YES / NO	YES / NO
6. Personally witnessed someone with whom you were not so close deliberately attack a member of your family that severely	YES / NO	YES / NO	YES / NO	YES / NO
7. You were deliberately attacked that severely by someone with whom you were very close	YES / NO	YES / NO	YES / NO	YES / NO
8. You were deliberately attacked that severely by someone with whom you were not so close	YES / NO	YES / NO	YES / NO	YES / NO

9.	You were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were very close	YES / NO	YES / NO	YES / NO	YES / NO
10.	You were made to have such sexual contact by someone with whom you were not very close	YES / NO	YES / NO	YES / NO	YES / NO
11.	You were emotionally or psychologically mistreated over a significant period of time by someone with whom you were very close	YES / NO	YES / NO	YES / NO	YES / NO
12.	You were emotionally or psychologically mistreated over a significant period of time by someone with whom you were not very close	YES / NO	YES / NO	YES / NO	YES / NO
13.	Experienced the death of one or more of your own children	YES / NO	YES / NO	YES / NO	YES / NO
14.	Experienced a seriously traumatic event not already covered in any of these questions _____ _____ _____ _____ _____	YES / NO	YES / NO	YES / NO	YES / NO

For any experiences marked "yes," participants will be asked to indicate the best estimate of how many times the event has happened

Never	1 time	2-5 times	6 or more times

DEMOGRAPHICS QUESTIONNAIRE FOR ADOELSCENTS

1. Your Gender: ___(1) Male ___(2) Female ___(3) Other

2. Your Age: _____

3. Ethnicity (Check all that apply):
  ___(1) Caucasian
  ___(2) Hispanic or Latino/a
  ___(3) African American/Black
  ___(4) Asian American
  ___(5) Native American
  ___(6) Pacific Islander
  ___(7) Other. Please specify_____

4. Country of Birth: _____

5. How many siblings do you have?_____

6. What is the highest grade level in school that you have completed? _____

7. About how many close friends to you have? (Do not include brothers and sisters)

___ None   ___ 1   ___ 2 or 3   ___ 4 or more

8. About how many times a week do you do things with any friends outside of regular school hours? (Do not include brothers and sisters)

___ Less than 1   ___ 1 or 2   ___ 3 or more

9. Compared to others of your age, how well do you:

		Worse	Average	Better
a.	Get along with your brothers and sisters?	____	___	____
b.	Get along with other kids?	____	___	____
c.	Get along with your parents?	____	___	____
d.	Perform academically as school?	____	___	____

10. Over the last 14 days (2 weeks) how many times did you exercise?   _____

11. What types of physical activities do you do for exercise?

12. How many hours of sleep did you get last night?   _____

13. How many hours of sleep do you usually get per night?   _____

14. How worried/anxious/stressed are you today about life events (for example, school, friends, family, work, etc.)?

___ not at all   ___ slightly   ___ an average   ___ more than   ___ extremely
                                            amount   average

15. How would you describe your general mood today?

___ great   ___ good   ___average   ___ poor   ___ horrible

PUBERTAL DEVELOPMENT SCALE

This questionnaire is about how teens change and develop. All teens change and develop physically, mentally, and emotionally, in the process of "growing up." Since different teens go through these changes at different times, we are interested in how you are currently growing and developing. Remember, all this information is private. Your name is not on this questionnaire and no one will see your answers other than the researchers doing this study.

1. Would you say that your growth in height:
    1. has not yet begun to spurt ("spurt" means to grow more than usual)
    2. has barely started
    3. is definitely underway
    4. seems completed

2. Would you say that your body hair (underarm and pubic hair):
    1. has not yet started growing
    2. has barely started growing
    3. is definitely underway
    4. seems completed

3. Have you noticed any skin changes, especially pimples?
    1. not yet started showing changes
    2. have barely started showing changes
    3. skin changes are definitely underway
    4. skin changes seem completed

FOR BOYS

4. Have you noticed a deepening in your voice?
    1. not yet started changing
    2. has barely started changing
    3. voice change is definitely underway
    4. voice change seems completed

5. Have you begun to grow hair on your face?
    1. not yet started growing facial hair
    2. have barely started growing facial hair
    3. facial hair growth is definitely underway
    4. facial hair growth seems completed

FOR GIRLS

4. Have your breasts begun to grow?
    1. not yet started growing
    2. have barely started growing
    3. breast growth is definitely underway
    4. breast growth seems completed

5. Have you begun to menstruate? (Have you started having periods?)
    1. Yes
    2. No
    3. Don't know

    a. If you answered "yes," how old were you when you first menstruated? If you are unsure, just write down your best guess.

Age: I was _____ years old when I began to menstruate.

APPENDIX J

COPING WITH CHILDREN'S NEGATIVE EMOTIONS SCALE–ADOLESCEDNT

PERCPETION VERSION

Instructions: In the following items, please indicate on a scale from 1 (very unlikely) to 7 (very likely) the likelihood that that your mother responds to you in the ways listed for each item. Please read each item carefully and respond as honestly and sincerely as you can. For each response, please circle a number from 1-7.

Response Scale: 1   2   3   4   5   6   7

                         Unlikely   Medium   Very Likely

----

1. When my mother sees me becoming angry at a close friend, she usually:

   a. becomes uncomfortable and uneasy in dealing with my anger   1 2 3 4 5 6 7

   b. encourages me to express my anger   1 2 3 4 5 6 7

   c. talks to me to calm me down   1 2 3 4 5 6 7

   d. tells me not to make such a big deal out of it   1 2 3 4 5 6 7

   e. gets angry at me for losing my temper   1 2 3 4 5 6 7

   f. helps me think of things to do to solve the problem   1 2 3 4 5 6 7

2. When I get down because I've had a bad day, my mother usually:

   a. tells me I really have nothing to be sad about   1 2 3 4 5 6 7

   b. tries to get me to think of the good things that happened   1 2 3 4 5 6 7

   c. listens to me talk about my feelings   1 2 3 4 5 6 7

   d. becomes obviously uncomfortable when she sees I'm feeling down 1 2 3 4 5 6 7

   e. helps me think of things to do to get my problem solved   1 2 3 4 5 6 7

   f. tells me to straighten up and stop sulking around the house   1 2 3 4 5 6 7

Response Scale: 1   2   3   4   5   6   7

Unlikely   Medium   Very Likely

----

3.   When I get anxious about performing in a recital or a sporting event, my mother usually:

  a. helps me think of things to do to make sure I do my best   1 2 3 4 5 6 7

  b. yells at me for becoming so anxious   1 2 3 4 5 6 7

  c. tries to calm me down by helping me take my mind off things   1 2 3 4 5 6 7

  d. tells me not to make such a big deal out of it   1 2 3 4 5 6 7

  e. encourages me to talk about what is making me so anxious   1 2 3 4 5 6 7

  f. gets anxious about dealing with my nervousness   1 2 3 4 5 6 7

4.   When I get angry because I can't get something I really want, my mother usually:

  a. tries to make me feel better by making me laugh   1 2 3 4 5 6 7

  b. helps me think of other ways to go about getting what I want   1 2 3 4 5 6 7

  c. gets upset with me for becoming so angry   1 2 3 4 5 6 7

  d. becomes uncomfortable and doesn't want to deal with me   1 2 3 4 5 6 7

  e. tells me I'm being silly for getting so angry   1 2 3 4 5 6 7

  f. encourages me to talk about my angry feelings   1 2 3 4 5 6 7

5.   When I get sad because I've had my feelings hurt by a friend, my mother usually:

  a. gets nervous dealing with my sad feelings   1 2 3 4 5 6 7

  b. encourages me to talk about what is bothering me   1 2 3 4 5 6 7

  c. tries to cheer me up   1 2 3 4 5 6 7

  d. tells me that things aren't as bad as they seem   1 2 3 4 5 6 7

  e. gets angry at me for not being more in control of things   1 2 3 4 5 6 7

  f. helps me think of ways to help make the problem better   1 2 3 4 5 6 7

Response Scale: 1 2 3 4 5 6 7

Very Unlikely Medium Very Likely

----

6. When my mother sees me become anxious about something at school, she usually:

   a. tells me that I'm making too big a deal out of it   1 2 3 4 5 6 7

   b. becomes nervous and uneasy in dealing with my anxiety   1 2 3 4 5 6 7

   c. gets angry at me for not dealing with things better   1 2 3 4 5 6 7

   d. encourages me to talk about what is making me nervous   1 2 3 4 5 6 7

   e. helps me think of things to do to solve the problem   1 2 3 4 5 6 7

   f. helps comfort and soothe my anxious feelings   1 2 3 4 5 6 7

7. When I get angry at a family member, my mother:

   a. tries to help us resolve the conflict   1 2 3 4 5 6 7

   b. threatens to punish me   1 2 3 4 5 6 7

   c. tells me I'm over-reacting   1 2 3 4 5 6 7

   d. tries to help me calm down   1 2 3 4 5 6 7

   e. encourages me to let my angry feelings out   1 2 3 4 5 6 7

   f. becomes very uneasy and avoids dealing with me   1 2 3 4 5 6 7

8. When I get upset because I miss someone I care about, my mother usually:

   a. becomes nervous dealing with me and my feelings   1 2 3 4 5 6 7

   b. encourages me to talk about my feelings for this person   1 2 3 4 5 6 7

   c. tries to get me to think about other things   1 2 3 4 5 6 7

   d. tells me that I have nothing to be upset about   1 2 3 4 5 6 7

   e. gets upset with me for not being in control of my feelings   1 2 3 4 5 6 7

   f. helps me think of ways to get in touch with the person I miss   1 2 3 4 5 6 7

9. When I become nervous about some social situation that I have to face (such as a date or a party), my mother usually:

a. tries to calm me down by pointing out how much fun I will have   1 2 3 4 5 6 7

b. gives me advice about what to do in the social situation   1 2 3 4 5 6 7

c. gets angry at me for being so emotional   1 2 3 4 5 6 7

d. prefers not to deal with my nervousness   1 2 3 4 5 6 7

e. encourages me to express my feelings   1 2 3 4 5 6 7

f. tells me I'm making a big deal out of nothing   1 2 3 4 5 6 7

UNSUPPORTIVE SOCIAL INTERACTION INVENTORY (ADAPTED TO FOLLOW
THE WRITTEN DISCLOSURE)

Instructions: The following is a list of behaviors that people use when they are listening to someone share a personal experience. For each of the following items, please indicate how you think your mom would respond to you, if you shared with her the experience that you just wrote about. Please select one answer choice: not at all, a little bit, somewhat, quite a bit, a lot.

1.	Would feel that I was overreacting.	0	1	2	3	4
2.	When I was talking about it, she wouldn't give me enough time, or would make me feel like I should hurry.	0	1	2	3	4
3.	Would make "Should or shouldn't have" comments about my role in the event.	0	1	2	3	4
4.	Would not know what to say, or would be afraid of saying or doing the "wrong" thing.	0	1	2	3	4
5.	Would refuse to provide the type of help or support I was asking for.	0	1	2	3	4
6.	Would say I should look on the bright side.	0	1	2	3	4
7.	Would make "I told you so" or similar comment.	0	1	2	3	4
8.	Would tell me what she thought I wanted to hear.	0	1	2	3	4
9.	Would seem disappointed in me.	0	1	2	3	4
10.	Would change the subject before I wanted to.	0	1	2	3	4
11.	Would feel that I should stop worrying about the event and just forget about it.	0	1	2	3	4
12.	Would ask "why" questions about my role in the event.	0	1	2	3	4
13.	Would tell me to focus on the present or the future and that I should forget about what has happened and get on with my life.	0	1	2	3	4
14.	Would try to cheer me up when I was not ready to.	0	1	2	3	4
15.	Would refuse to take me seriously.	0	1	2	3	4
16.	Would tell me to be strong, to keep my chin up, or that I should not let it bother me.	0	1	2	3	4
17.	Would not seem to want to hear about it.	0	1	2	3	4
18.	Would tell me that I had gotten myself into the situation in the first place, and now must deal with the consequences.	0	1	2	3	4

19.	Would discourage me from expressing feelings such as anger, hurt or sadness.	0	1	2	3	4
20.	Would feel that it could have been worse or was not as bad as I thought.	0	1	2	3	4
21.	From voice tone, expression, or body language, I would get the feeling she was uncomfortable talking about it.	0	1	2	3	4
22.	She would blame me, trying to make me feel responsible for the event.	0	1	2	3	4
23.	She would do things for me that I would want to do and could do myself.	0	1	2	3	4
24.	Would respond with uninvited physical touching (e.g., hugging).	0	1	2	3	4

APPENDIX L

POST–DISCLOSURE QUESTIONNAIRE FOR ADOLESCENTS

For each of the following questions, please respond for the second experience that you shared with your mom (e.g., the one that was difficult to talk and took 8 minutes):

1. How did you choose which event or experience to tell your mom? (i.e., it was the easiest/most difficult to talk about, you had wanted to tell your mom, but had not had an opportunity, you thought your mom would give you support, you thought she wouldn't be mad at you, etc.)

2. How helpful do you feel that sharing this experience with your mom was overall?

1	2	3	4	5
Not helpful	A little helpful	Somewhat helpful	Quite helpful	Very helpful

3. Please explain why you feel that sharing this experience with your mom was helpful or not helpful.

4. How supported do you feel by your mom after sharing this experience?

1	2	3	4	5
Not at all supported	A little supported	Somewhat supported	Quite supported	Very supported

5. What could your mom have done differently, if anything, to have made you feel better?

6. How much do you feel your mom listened to you with compassion?

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

7. How much do you think your mom understood the impact this distressing experience had on you?

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

8. How much do you believe that your mom knows how to help you?

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very much

9. In terms of the amount of detail that you shared with your mom for this experience, how many of the important details did you share with your mom?

1	2	3	4	5
I shared very few or none of the important details		I shared some but not all of the important details		I shared all or most of the important details

10. Did you share the most distressing parts of the experience with your mom?

1	2	3	4	5
I shared very few or none of the really distressing parts of the experience		I shared some but not all of the really distressing parts of the experience		I shared all or most of the really distressing parts of the experience

11. Did you share how the experience made you feel about yourself?

1	2	3	4	5
No, not at all		Somewhat		Yes, or mostly

12. Please explain how the experience made you feel about yourself at the time of the experience.

13. Did you leave out parts of the experience that you felt might get you into trouble with your mom or that your mom would not like?

1	2	3	4	5
Yes, I left out a lot of detail that I didn't think my mom would like		I shared some but not all of the parts that I did not think my mom would like		No, I shared these parts of the experience that I didn't think my mom would like

14. On a scale of 1 to 10, with 1 being the least distressing and 10 being the most distressing, how distressing **at the time of the event** was the experience you shared with your mom today?

        1   2   3   4   5   6   7   8   9   10
Least distressing   Most
distressing

15. On a scale of 1 to 10, with 1 being the least distressing and 10 being the most distressing, how distressing **today** was the experience you shared with your mom?

        1   2   3   4   5   6   7   8   9   10
Least distressing   Most
distressing

16. Have you had a more distressing experience that you chose not to tell your mom today?

     Yes ____   No _____

17. Is the distressing experience that you chose to share with your mom:

    ____ More distressing than the experience you wrote about
    ____ Less distressing than the experience you wrote about
    ____ The same experience as the one you wrote about

18. Thinking about when you have shared similar upsetting events/experiences with your mom in the past, do you feel that her response/reaction today was:

___ similar   ___ better   ___ worse   ___ don't remember   ___ hard to say

19. How worried/anxious/stressed are you feeling now about life events? (for example, school, friends, family, work, etc.)?

___ not at all   ___ slightly   ___ an average   ___ more than   ___ extremely
                                       amount   average

20. How would you describe your general mood today?

___ great   ___ good   ___average   ___ poor   ___ horrible

21. Have you told other people about the experience you shared with your mom today?
 ___ yes   ___ no

22. How long after the experience did you first tell someone?

Never ___   Hours ___   Days ___   Weeks ___   Months ___   Years ___

23. If you told someone, whom did you first tell?

Mother ___   Father ___   Stepmother ___   Stepfather ___   Sibling ___   Other Relative ___ Babysitter/Other Non-Relative Caregiver ___   Counselor ___
Teacher or Coach ___   Friend ___   Friend's Parent ___   Romantic Partner ___
Acquaintance ___   Stranger ___   Other ___   N/A___

24. If you answered 'Other' please list the relationship of the individual you first told, otherwise select 'N/A.' _____
N/A ____

25. Did you tell anyone else? Please mark as many as apply.

Mother ___   Father ___   Stepmother ___   Stepfather ___   Sibling ___   Other Relative ___ Babysitter/Other Non-Relative Caregiver ___   Counselor ___
Teacher or Coach ___   Friend ___   Friend's Parent ___   Romantic Partner ___
Acquaintance ___   Stranger ___   Other ___   N/A___

26. If you answered 'Other' please list the relationship of the individual(s) you told, otherwise select 'N/A.' _____
N/A ____

27. If you told someone before, how helpful do you think it was to tell?

1	2	3	4	5	N/A
Not helpful		Somewhat helpful		Very helpful	

28. In general, do you typically share distressing experiences with your mom?

1	2	3	4	5
No, I never share distressing experiences with my mom		I sometimes share distressing experiences with my mom		I always share distressing experiences with my mom

APPENDIX M

VALIDATING AND INVALIDING BEHAVIORS CODING SCALE

(MODIFIED FOR THE CURRENT STUDY)

Validating & Invalidating Behavior Coding Scale (VIBCS)
Alan E. Fruzzetti, 2001

Examples and Guidelines are also based on the
Parent-Child Validation/Invalidation Coding System
Schneider & Fruzzetti, 2002

Validating & Invalidating Behavior Coding Scale Manual

**Alan E. Fruzzetti, University of
Nevada**

INTRODUCTION

Why Measure Validation?

Validating and invalidating behaviors in social and family environments are an integral part of the biosocial/transactional model of interpersonal functioning and individual distress. These behaviors have been show to affect clinical outcomes for distressed couples and individuals, as well as distressed families (parent-adolescent interactions); yet there have been no assessment tools that measure validating and invalidating behaviors efficiently.

Couples researchers have found that validation from one partner can increase positive affect and decrease negative affect, as well as increase self-disclosure in the other partner. (Sayrs & Fruzzetti, 2003) In another study, Arkowitz and Fruzzetti (2001) found that validation accounted for the majority of the variance in relationship satisfaction, even after covarying out high conflict behaviors. Finally, a naturalistic follow-up of inpatients and outpatients with depression, anxiety, substance abuse, and mixed personality disorders, found that partner validation was the only significant predictor of clinical course. (Thorp & Fruzzetti, 2003) These studies suggest that validating and invalidating behaviors may be key mechanisms of change in the treatment of distressed couples and individuals.

Similarly, Shenk & Fruzzetti (2014) found that validating and invalidating responses of parents discriminated between adolescents with emotion regulation difficulties (clinic youngsters) and those without (non-clinic).

Given that validation is highly relevant to both individual and relationship distress versus well being, it is important to be able to reliably identify and assess validating and invalidating behaviors. The VIBCS can be used to 1) identify treatment targets 2) measure change reliably over time, 3) provide direct feedback to clients concerning

their behavior and its impact, and 4) teach clients to identify and monitor their own target behaviors.

Reliability and Validity

The Validating and Invalidating Behavior Coding Scale (VIBCS) is a valid and reliable measure of relationship functioning. When the scale is used clinically to identify treatment targets, Kappas consistently exceed .70 and are typically much higher.

When subjects are given global scores of validating and invalidating behaviors for research purposes, interclass correlations are always greater than .70 and are typically in the .80 - .90 range. The scale can easily distinguish between clinical and nonclinical subjects and moderately correlates with the Dyadic Adjustment Scale and other measures of intimacy and relationship quality. The scale has also demonstrated predictive validity in severely distressed psychiatric patients. (Thorpe & Fruzzetti, 2003) Training in the use of the scale is inexpensive and efficient, thus therapists and researchers can become reliable users of the VIBCS with relatively little time investment.

Benefits of the VIBCS

Focuses on validation as the putative mechanism of change. Other tools measure constructs (such as affect, problem solving) that are only peripherally related to validation, which has been shown to be a mediator of individual well-being and relationship satisfaction. (Vajk, 2002)

Focuses on function, not topography or intent. A response can only be validating or invalidating based on its function, not its form. For example, problem solving (as a form of behavior) can be invalidating if it functions to oversimplify the ease of completing a task. It may communicate that a person is not competent enough to solve a problem that she can probably manage on her own with a little support. Alternately, problem solving can functionally validate a person who is struggling because he does not possess the skills or resources to manage the problem alone. The way a behavior functions may be different than it was intended to. A person may intend to save her partner the pain of criticism, but her response implies that her partner is incapable of hearing the truth. This focus is consistent with recent literature that has highlighted functional dimensions (e.g. "perceived responsiveness" of partner, role of self & partner disclosure) in fostering intimacy.

Clinical Utility. The VIBCS can be used directly in treatment as an assessment and intervention tool. The scale aids in identification of important and controllable treatment targets and promotes progress recognition and reinforcement by both clients and therapists. In conjunction with videofeedback, the scale can be used to provide

direct feedback to clients regarding their behavior and its impact. The scale also mitigates the use of personal heuristics in evaluating progress by quantifying changes over time and providing an objective measure of change.

Consistent with DBT. The scale is consistent with DBT Family Skills Training and individual DBT, so clients and therapists are often familiar with its language and concepts and can quickly learn to use the scale as a valid and reliable intervention and assessment tool.

VALIDATION

Validation is part of a larger set of intimacy enhancing behaviors, including:

- Accurate **self-disclosure** that functions to describe private experience

- **Validation** of the other person in general or of specific behaviors

- Constructive conflict negotiation and **problem solving** behaviors

- **General positive talk** about the relationship and other interests of the couple or family.

Validating behaviors are verbal or non-verbal expressions that function to communicate acceptance, legitimacy, and understanding of the other person's behavior in the context of their current biology, past learning history, and/or current conditions. Validation is the behavioral indicator of the private experience of acceptance. Validating behaviors are most often a response to the other's behavior in the present or responses in a discussion of the other's behavior prior to this conversation. These may be comments about the other as a person (e.g., attributions, character judgments), or may concern instances of the other's specific public or private behavior. In addition to specific verbal responses, validation may be a *functional* response as well (i.e. taking the other person seriously and responding in a way that communicates it.)

Validation is especially relevant to disclosures of private experiences. Feelings, thoughts, and desires are private behaviors that are not directly accessible to outside observers. In order to understand a person's private experience, we rely on their accurate self-disclosures of thoughts, feelings, desires, needs, beliefs, interpretations, view- points, and opinions. Validating behaviors are always in response to another person's public behavior (i.e. verbal and nonverbal expressions) in the present circumstance.

Validation is NOT simple agreement, positive affect, general warmth or kindness, problem solving, general relationship-focused talk, self-disclosure, or treating the other as fragile. These responses may or may not be validating depending on their function. For example, confiding how one feels about a partner's vulnerable self-disclosure may be highly validating if the focus remains on the partner. Alternately, a person may invalidate his partner's desires even though he is holding her hand and smiling (i.e. expressing warmth and affection). A response is only validating if it legitimizes what truly makes sense and is understandable within the present context or based on past experience. Supporting behavior that is not reasonable or effective on some level is, in fact, invalidating.

Characteristics of Validating Environments:

•Legitimizes the experiences of the members of the family or couple, especially private ones (emotions, wants & desires, thoughts, beliefs, sensations, etc.)

•Validates those experiences EVEN when they are quite discrepant from others'

•Accepts, tolerates, and appreciates these differences; does not try to change them

•Does not use aversive control strategies

•Communicates acceptance and caring

•Facilitates problem solving and coping

Validating Behaviors

These are behaviors that generally help the teen to recognize and identify feelings. They are accepting/understanding/supportive of teen's emotional experience and expression (when it makes sense to accept). Not all observed behaviors will be validating or invalidating. Some behaviors will be ignored for coding purposes.

LEVEL 1 Validation – Attentive Listening
Basic attention and listening. Emphatic attention that is non-verbal or minimally verbal. DOES NOT GET POINTS BECAUSE IT IS CONSIDERED BASELINE.

> **Example:** (T): I am sad about X.
> (M): Making eye contact, nodding, mm-hm, okay, alright [laughs].

LEVEL 2 Validation – Acknowledging or Functionally Responding

- **Reflecting or Acknowledging Teen's Disclosure**

Teen makes a statement and mom echoes back the statement (or a sentiment expressed in the statement). Mom is not making a value judgment about the disclosure, just reiterating what the teen stated. Mom's acknowledgement or functional response may be mostly nonverbal.

> **Example:** (T):"I feel sad when Kevin bails on me when we're supposed to hang out."
> (M):"So you feel down when Kevin doesn't include you."
> OR
>
> (T):"She hates me."
> (M):"So you are feeling like she hates you and that is upsetting."
> OR
>
> (T):"When I try to get involved at school, I just feel like an outsider."
> (M):"Mm-hm, it makes you feel lonely."
> OR
>
> (T):"Yeah, and then when I told him to stop, he, rrlike, never talked to me again."
> (M):"Ohhhhhh." [leaning forward towards Teen].

- **Functionally Responding to the Teen's Disclosure or Asking Questions to Clarify the Situation**

That is, mom lets teen know she has heard the disclosure by responding to the content of the disclosure. Mom helps teen to articulate or clarify the situation that prompted the emotional experience. She may ask for more details about the situation or probe for additional facts about the situation.

Example: (T):"I feel sad when Kevin bails on me when we're supposed to hang out."
(M):"I know that makes you sad."

OR

(T):"I feel sad that you canceled our mom-daughter date twice in a row."
(M):"I'm sorry I've had to cancel. Let's plan a date this weekend."

OR

(T):"I was so upset after Jennifer broke up with me."
(M):"Why do you think she did it?"

- **Mom Offers** *Effective* **Problem-Solving Ideas**

Mom may attempt to help teen cope with the problem or the emotion. She makes a sincere attempt to help the teen work through his/her issues by offering advice, potential solutions, or alternative avenues to deal with the situation. NOTE: Only code as effective problem solving if: 1) the teen requests help or 2) the mom first accepts or validates the emotion/experience before attempting to problem solve.

Example: (T):"Katie always comes into my room and steals my makeup in the morning and then I'm late for school. What should I do?"
(M): "Well, I can get Katie her own makeup so she doesn't have to take yours."

OR

(T): "After Tom moved away, I just felt like I didn't have any other friends like that. I was feeling really lonely."
(M): "I understand. Maybe you could hang out with Tate and Evan more often; you guys get along pretty well."

(T):"Some of them, yeah, recently I've had a lot of classes with, because, um, we just switched electives, and so I have a class with a few of those select people."
(M):"Have you asked to hang out with any of them outside of school?"

Cues for possible invalidation:
- A passive aggressive, demeaning, or sarcastic functional response may be Level 3 Invalidation—Explicitly/implicitly criticizing the teen's experience (e.g., "Oh yeah, I'm sure you were *so* upset.")
- If mom offers problem solving without accepting of validating the emotion/experience, check Level 3 Invalidation-Minimizing teens emotion or implicitly or explicitly tells teen s/he should not feel as s/he does.

- If mom's ideas towards problem solving negate the teen's experience, will likely be ineffective, or clearly are not intended to be realistic or helpful, this is likely a level 4 Invalidation—Providing very poor problem solving advice (e.g., Next time he says that, I'd punch him in the face.")

LEVEL 3 Validation - Clarifying

- **Asking Questions to Clarify the Teen's Emotional Experience or What Teen Might Want/Think/Feel**

Mom helps teen to articulate or clarify his/her emotional experience. She may ask for more details about the teen's feelings; she probes for additional facts about the situation. Mom may ask the teen how *he/she* would solve the problem. Note: If mom is asking what her teen wants to do over the weekend, where she wants to go to dinner, whether he would like to have his friends over for the BBQ to avoid feeling excluded, or any other surface level want/thought/feeling, code as a V2. If mom is clarifying a private experience (want/thought/feeling) that is related to teen's emotional experience, code a V3.

Example:	(T):"I was so upset after Jennifer broke up with me."
	(M):"Why do you think it affected you so much?"
OR	
	(T):"I don't know what else to say about that."
	(M):"Well, how do you feel about moving next month?" [Q is related to the discussion topic.]
OR	
	(T):"When I told him to stop he just moved on to another girl who I guess didn't mind [laughs]."
	(M):"Interesting, did you always feel safe? Around him?"
OR	
	(T):"I get real mad at Denny. When we're playing PS4, he always blames me when things go wrong."
	(M):"What do you think you could do to make the situation better?"

- **Offering Ideas About What the Teen Might Want/Think/Feel in an Empathic Way or Clarifying Teen's Private Experience**

Mom expands upon teen's disclosure by exploring how teen might have felt or thought in the situation. Mom offers ideas about what her teen thinks, feels, wants, behaves based on the precipitating experience in a non insistent way. Note: This differs from *telling teen how she should feel* in the situation.

Example: (T):"I was pretty angry when I asked Julie out and she turned me down."
(M): "Do you think you also felt hurt because you've had a crush on Julie for such a long time?"

OR

(T):"Man, I hate that guy. Josh thinks he's hot stuff because he's got a nice car but that doesn't mean he has to be so pompous about it."
(M):"Do you think you feel that way because you have to work for your car and Josh doesn't?"

OR

(T):"Yeah. I, rrlike, guess that's the best way to describe it."
(M):"Hoping that there's an easier way"

Cues for possible invalidation:
- Excessive probing or clarifying questions about the disclosure, especially if the mom becomes visibly agitated or distressed about the disclosure, may be Level 4 Invalidation—Increasing the negative valence by overreacting or becoming upset (e.g., "What do you mean you went to a party? When did that happen? I'm pretty sure I didn't know about any party.") If mom tells the teen how s/he *should* feel in that situation, this is likely a Level 3 Invalidation—Telling the teen how s/he should feel.

LEVEL 4 Validation – Recontextualizing Teen's Experience

- **Acceptance of the Teen's Emotional Experience in the Given Situation or Because of Teen's History**

Mom communicates acceptance of emotion/experience in the context of teen's history or within the limits of the teen's current repertoire.

Example: (T):"I felt really lonely when Alex and Sam were laughing together."
(M):"It makes a lot of sense that you felt lonely given that Lara and April excluded you for so long last year."

OR

(T):"I feel so dumb."
(M):"I understand why you think you're dumb. You've had a lot of people say really mean things to you."

OR

(T):"I'm just so stressed that I start yelling at everyone without thinking."
(M):"It's true that you've been a little irritable lately but I know this is a tough term for you."

OR

(M):"I'm so sorry." [Statement without nonverbal communicating that M is expressing true empathy and acceptance of her teen]

OR

(M):"Math, I know, is just hard for you, it's just slightly too high, but not, you don't want to be down one because it's too easy, but up one is too hard."

OR

(M):"I'm sorry you felt that way."

- **Putting a More Positive Spin on It:**

Mom finds something positive about the situation, while *not ignoring or negating* the negative aspect of the situation. Reframing the situation so teen can acknowledge positive outcomes in addition to his/her own feelings.
Note: This differs from telling a teen how s/he *should* feel. It is important to consider mom's statement that preceded this in conversation.

Example: (T):"I felt sad when you married Jim. He didn't seem to like me very much."
(M):"I know you felt really sad when it happened, but I've noticed how much fun you guys seem to have when you're watching football together. Maybe having some shared interests has helped."

OR

(T):"When we moved from Florida and I had to change schools that was really tough. I didn't know anyone and it took me a long time to make friends."
(M):"I know the move was hard on you. I remember that's when you really got serious about baseball and now your teammates are some of your best friends."

OR

(M):"And here you have an opportunity of learning from the process."

Reminder: This one is tricky. Examine mom's response in context. Make sure Mom isn't telling teen s/he *shouldn't* feel the way s/he does, only that there are *also* reasons teen might feel good in this situation.

- **Reducing the Negative Valence**

This is similar to "putting a more positive spin" on the situation, except in this case, mom is just saying there might be reasons not to feel quite so sad/mad/distressed. Examples may include explanations for someone else's insensitive behavior, providing a justification for someone's actions, or adding insights that the teen may have missed in their assessment of the situation. **Note:** Make sure mom isn't telling teen *not* to feel sad/mad/distressed. Consider mom's response in context.

Example: (T):"I felt really upset when you wouldn't let me go to the concert with Elissa and Cheryl."
(M):"Yes, I know you felt pretty sad, but remember afterwards when Elissa told you that the concert was really bad and Cheryl ended up getting sick. Sounds like they didn't have a great time."

OR

(T):"I felt so mad when James and I got into that fight. I never thought he would have punched me."
(M):"Yeah. You know sometimes James just can't control his anger and he does things that hurt other people."

OR

(T):"She's like the worst kind of bitch that there ever would be in this world, ok? Geez!"
(M):"Yeah! But then you, that's why, that's the whole reason why you kind of, rryuh rryouknow. That stopped hanging out with her, right?"

OR

(T):"It makes me feel bad…makes me not even want to pick up a ball."
(M):"Do you think that had a lot to do with him knowing what, um, teams you came from and previous coaches, and thinking that they weren't good coaches?"

Cues for possible invalidation:
- It's especially important here to make sure mom is not telling the teen how s/he *should* feel (Level 3 Invalidation). Rather, mom should be providing additional details/perspectives/insights that add to teen's overall view of the situation, rather than negating what the teen feels or trying to convince them they're wrong to feel that way.
- Not all explanations for reducing the negative valence of the experience are validating. For example, "Well, now you know…" or "that's life" is not validating. Similarly, explanations that negate the teen's experience are likely Level 3 Invalidations (e.g., I wish you wouldn't say those things about Jim, he's always tried really hard with you.")

LEVEL 5 Validation – Normalizing

- **Acceptance of Teen's Emotional Experience**

Mom *MUST* note or insinuate that anyone (or she herself) would feel the same way the teen feels in this situation. Mom may use appropriate self-disclosure, indicating the she *would* have felt the same as her teen in the situation.

Example: (T):"I felt so sad when grandma died."

OR

(M):"Yeah, that was a really sad time."

OR

(T):"I can't believe Holly asked Dan out after I told her that I wanted to go out with him. It felt like such a betrayal."
(M):"Of course you felt betrayed. I would have felt that way too."

OR

(T):"It feels like Dad never wants to be around me. I know he's gone a lot for work, but then when he's home, he's always too busy for me."
(M):"You're right, anyone would be upset if they felt someone they cared about was ignoring them."

OR

(M):"Oh, we've all felt that."

OR

(M):"I can understand feeling overwhelmed by something that takes effort."

OR

(M):"Well, I can understand how you felt."

OR

(M):"It's hard to think of that in the moment when you're sort of shocked and ashamed, and sometimes you just want to rrlike duck and cover."

OR

(M):"I'm not justifying his reaction...the yelling part was the upsetting element, I understand."

Cues for possible invalidation:
- If mom's self-disclosure is inappropriate material for the teen, shifts the focus of conversation to herself, or gives the teen too much responsibility in the conversation, code for Level 4 Invalidation.

LEVEL 6 Validation – Radical Genuineness

- **Empathy**

Mom expresses true empathy and acceptance of her teen (i.e., acceptance of the person). She treats teen like what s/he has to say is important and makes sense. Mom may provide implicit or explicit cheerleading, which expresses confidence that the teen is capable of being or accomplishing what s/he wants. This includes a willingness to stay with or even enhance the strength of the teen's valid "negative" emotions. This often includes acknowledging invalid behaviors and respectfully expressing disagreement or negative affect, without blame or judgment (i.e., invalidate the truly invalid). Mom may use appropriate self-disclosure, where she discloses her emotions about the situation, but in a way that does not match the teen's vulnerability (e.g., specific details are not

relayed or depth is missing). Mom may also attempt to comfort teen physically with a hug, touching her hand, etc., in a way that suggests that she is accepting her teen and responding empathically.

Example: (T):"I've been so stressed out lately. Between my job, trying to get my homework done, and figuring out what to do next year after graduation, it's just been a lot to deal with."
(M):"I've noticed how much work you've been doing, and I know it's been stressful. I'm proud of your hard work, and even if it doesn't seem like it, I know that you will get it all done."

OR

(M):"I know it has been really frustrating for you because you've put so much time and effort into your schoolwork and your job and still you feel like you're struggling."

OR

(T):"It's really hard for me when you're away for work."
(M):"I know my being gone is hard for you."

OR

(M):"He told me how upset I made you and I do feel bad about that though, cuz I didn't even think, I just, that was, I guess, selfish…"

OR

(M): "I'm so sorry!" [[Statement with nonverbal communication that M is expressing true empathy and acceptance of her teen]

OR

(M):"And sometimes when you're already feeling kind of a little bit out of place or rrlike not socially very comfortable, and then the person that you're kind of relying on to rryouknow be your partner and that, just kind of bails. [1sec] [act: Mmhm] Um, it's a very uncomfortable feeling sometimes."

Cues for possible invalidation:
- If mom's self-disclosure is inappropriate material for the teen, shifts the focus of conversation to herself, or gives the teen too much responsibility in the conversation, code for Level 4 Invalidation.
- If mom's physical contact is not wanted/well-received by the teen, do not code as validating. If mom continues with unwanted physical contact, consider IV2.

LEVEL 7 Validation – Reciprocal Vulnerability

Mom matches the teen's self-disclosure in context of the teen's vulnerability in a manner where *the focus stays on the teen*. This includes mom confiding or disclosing her thoughts, feelings, or desires in the context of her teen's vulnerability (e.g., mom uses a specific example or the depth of the disclosure is such that it matches the teen's vulnerability).

Example: (T):"It's really hard for me when you're away for work."
(M):"I know how hard it is for you when I'm gone for extended periods of time. I really miss you too and wish things could be different."

OR

(M):"I guess sometimes um, so rrlike that rryouknow, that type of thing sometimes will happen when Dad and I go to a party of people that he knows and I don't know very well, and then..."

Cues for possible invalidation:
- If mom's self-disclosure is inappropriate material for the teen, shifts the focus of conversation to herself, or gives the teen too much responsibility in the conversation, code for Level 4 Invalidation.

Validation Rating Scale

1-No Validation or Minimal Validation

No validation or very minimal V2 validation (e.g., 1 or 2 instances of reflecting, functionally responding, or effective problem solving).

2-Very Low Validation

There is little validation overall. A few instances of reflecting, functionally responding, or problem solving (V2) or a single instance of clarifying the teen's emotional experience (V3).

3-Low Validation

A few to several instances of mild validation: reflections, functional responses, problem solving (V2) or instances of emotional clarification (V3) OR
one instance of stronger validation (V4 or V5).

If reflections, functional responses, problem solving, and clarifying questions (V2 & V3) are the only validating behaviors, this is highest score possible. Higher levels of validation require more connection with teen's inner emotional experience.

NOTE: If there are several instances of V2 without any higher levels of validation, and all or almost all of the V2s are asking clarifying questions about the situation, without any reflection or acknowledgment of the T's experience or emotion, code as a level 2-Very Low Validation.

4-Moderate Validation

One or a few instances of recontextualizing (V4) in combination with lower levels of validation (V2 & V3). OR
An instance of normalizing or empathy (V5 or V6), may include V2s.

5-High Moderate Validation

One or two instances of higher levels of validation—normalizing, empathy, or radical genuineness (V5, V6) or multiple instances of recontextualizing (V4) in combination with many instances of reflections, functional responses, problem solving, or clarification (V2-V3).

6-Strong Validation

A few instances of normalizing, empathy, acceptance of teen's emotional experience, or reciprocal vulnerability (V5, V6) or a single instance of reciprocal vulnerability (V7) in combination with many instances of reflecting, functionally responding, problem solving, clarifying, or recontextualizing (V2-V4).

7-Very Strong Validation

Multiple instances of normalizing, empathy, acceptance, or reciprocal vulnerability (V5, V6, V7) coupled with any other validating behaviors. Mom consistently validates teen's emotional experience throughout the conversation.
Note: If mother does not clarify the emotion or go beyond acknowledging that the teen is upset, do not code 7. If there is significant invalidation, do not code 7.

INVALIDATION

Invalidation is part of a larger set of distancing behaviors that include:

☐ **Active Invalidation** (e.g. blaming, judging, contemptuous tones)

☐ **Passive Invalidation** (e.g. missing opportunities to validate, being unresponsive to partner self-disclosures, validating at a lower level than is needed)

☐ **Avoidance** behaviors (e.g. defensiveness, resisting change, emotional withdrawal)

☐ **Aggressive behaviors** (e.g. violence, verbal abuse)

☐ **Aversive control** strategies (e.g. manipulation, lying)

Invalidating behaviors are verbal or non-verbal expressions that function to communicate that valid responses of the individual are inaccurate, pathological, inappropriate, or otherwise illegitimate. Invalidating responses may be active (e.g. blaming, judging, contemptuous tones or expressions) or passive (missing opportunities to validate, not taking the other seriously). It may also include being dismissive, delegitimizing, or functionally invalidating by refusing to take the other seriously. Invalidation is coded only when the target of an apparently invalidating statement could be considered valid at some level.

Invalidation is more likely to occur when behavior communicates private experience (e. g. thoughts, feelings, beliefs, desires) or when behavior is "self-generated" (i.e. not under control of the immediate social environment). Others may respond with invalidation if they do not have the ability or willingness to meet the level of need communicated.

Invalidation is not simple disagreement, negative self-disclosures, or expressing negative affect per se, because these things can be done in a constructive, intimacy-enhancing way.

• Individual has different wants, emotions, beliefs, activities, etc., from the others Invalidating behaviors often function as a punisher of self-disclosure, which can result in decreased willingness to share thoughts, feelings, and desires and increased emotional arousal or dysregulation.

Characteristics of Invalidating Environments:

•Employs high levels of aversive control

•Pervasively rejects/punishes valid behaviors, especially "self" (intrinsically motivated or free-operant) behaviors

•Punishes "accurate" and/or normative expressions of emotion & pain

•May intermittently reinforce problem or pain escalation

•May minimize the difficulty of tasks or of tolerating pain, or over-simplify problem solving

Individuals who are exposed to pervasive invalidation do not learn to accurately discriminate and label their private experiences or to express them in a normative way. They have difficulty tolerating distress, regulating emotion, and seeking help effectively.

They learn to distrust their own experiences and have difficulty developing a coherent sense of self. These individuals may actively self-invalidate and look to their social environment for cues about how to feel, think, what to want, how to respond. They tend to judge their own mistakes harshly and respond to failures with rapid negative arousal.

Invalidating Behaviors

These behaviors involve ignoring, dismissing, minimizing, criticizing, or punishing teen's affective disclosure. Not all observed behaviors will be validating or invalidating. Some behaviors will be ignored for coding purposes.

LEVEL 2 Invalidation – Inattention, Missed Opportunities or Functional Unresponsiveness

- **Not Paying Attention, Distracted, Not Participating Actively, or Functionally Unresponsive**

Mom is clearly not attending to teen or teen's disclosure or acts as though she has not heard teen's disclosure. Mom may be looking at her phone or clearly distracted at the time she's responding.

> **Example:** (T):"I feel really upset when I feel like I don't belong at school."
> (M):Mom answers in an otherwise mildly validating way but is playing with her hair or nails or Mom just says something like "Yeah," or "ok."

- **Changes the Subject, Anxious to Leave or to End the Conversation**

Mom changes the subject of the conversation before responding to the teen's disclosure or before the teen is ready to end the conversation. She responds in a way that makes it clear she is trying to steer the conversation away from the teen's disclosure and on to another subject.
Note: If mom changes the subject after already talking to teen about emotion, do not count as invalidating.

> **Example:** (T):"I feel like the other guys on the basketball team would rather I wasn't there."
> (M):"What about your math grade? I think we should talk about that."
> OR
> Mom tells researcher mom and teen are done talking about emotion before teen seems done, before mom gives teen a chance to respond, or before emotion has been addressed.
> OR
> (M):"Should I wave this like a white flag, surrender?"
> OR
> (M):"I know, but we can talk about that stuff later."

- **Not Tracking the Teen (Not Following the Teen's Disclosure)**

Mom responds to teen in such a way as to show that she may have heard what the teen said but is not attending to the significant aspects of the disclosure. Thus, mom may misunderstand the teen's emotional response or the details of the situation and react accordingly.

Example: (T):"I get really upset when Jon ignores me in the halls at school. I mean, he's my brother. The least he could do is say 'Hi' if I wave to him."
(M):"Yeah, you're brother picks on a lot of kids at school."

OR

Mom shifts conversational focus away from the emotional content of teen's disclosure.

OR

(T):"Remember when I invited Julie and Jacob to go see that new band at the Grove? I found out that they lied to me about not being able to find tickets because they just didn't want to hang out with me. I felt really rejected."
(M):"Did they like the concert?"

LEVEL 3 Invalidation - Insisting

- **Explanations**

Mom provides a rationale for the situation or her behavior without accepting the teen's emotional experience. Mom provides justification for what took place, an explanation of her own actions, or explanation of the circumstances behind the event.
Note: Be careful to look for evidence of mom blaming teen for the event, as that is Level 5 Invalidation. If mom accepts teen's emotional experience and *afterwards* provides a rationale, this may be reducing the negative valence (Level 4 Validation). Also, an explanation of another's behavior, in conjunction with accepting the teen's emotional experience, may be an instance of reducing negative valence (Level 4 Validation).

Example: (T):"I was really mad when you wouldn't let me go play with my friends."
(M):"You know it was raining outside, and you can't play when it rains. You'll get all wet and then you'll get sick."

OR

(T):"All my friends went camping last weekend but you wouldn't let me go and that made me really mad."
(M):"You know why you couldn't go. I told you that you had to finish your English paper before you went or you couldn't go."

OR

(M):"Ok, but I felt bad, but that's why I tell you guys, 'Don't, don't buy me anything,' because it just…."

- **Mom Minimizes Teen's Emotional Experience**

Mom suggests experience was not as bad as portrayed by teen (when teen is being genuine). Mom may insinuate that teen is overreacting or that the teen is being overly sensitive about the situation.

> **Example:** (T):"After we had our argument, Clint told me he didn't want me to come over and play Call of Duty anymore. That was our Saturday afternoon weekly thing…I was pretty bummed out after I talked to him."
> (M):"It's just a video game, that doesn't seem worth getting upset about."
>
> OR
>
> (T):"Cindi and I used to be really close, but ever since she started dating Chris, she never calls me or wants to hang out. It makes me sad because we used to see each other almost every day."
> (M):"I don't know why you'd be sad about seeing Cindi less. You guys never seemed that close."

OR

> (M):"Well, are you choosing that as your experience because it's most recent?

- **Mom tells the Teen What She Feels/Thinks or Wants Even When Teen Denies This or Mom Tells Teen How She Should Feel**

Mom insists teen feels a certain way when teen denies having these feelings.

> **Example:** (T):"I was really embarrassed when I lost my starting spot on the swim team to Diane. She's not even that good a swimmer."
> (M):"Are you sure you didn't feel mad?" Continuing after teen denies she felt mad. "I think you felt mad. Do you think mad and embarrassed are the same thing?"

- **Mom May Tell Teen She "Didn't Have to Feel Sad/Mad/etc."**

Mom does not directly state that teen *should not* feel as she does but this sentiment is implied, or Mom lets teen know situation was her fault (*implying* teen had no right to feel as she does).

> **Example:** (T):"All my friends went camping last weekend but you wouldn't let me go and that made me really mad."
> (M):"You didn't have to be mad. You already committed to help your Dad fix the fence. You should have known you couldn't go camping."

- **Mom Implicitly or Explicitly Criticizing the Teen's Experience or Tells Teen She Shouldn't Feel As She Does**

Mom tells teen she shouldn't feel the way she does or implies or states she had **NO** reason to feel the way she does. Mom may use a passive aggressive or demeaning tone.

Example: (T):"You promised me that we would have a girls' day and go to the movies and the salon and then you backed out. I was really mad at you about that."

(M):"Girls' day?! I have to work 12 hour days, and I'm really tired all the time. I can't just drop everything and take you out to spend a bunch of money."

OR

(M):"You shouldn't have felt mad. I told you I didn't have time that day."

OR

(M):"You shouldn't get mad…when people get mad they do things they regret."

LEVEL 4 Invalidation – Increasing Negative Valence

• **Parentification**

Mom discloses inappropriate material to teen, shifts focus of conversation to herself briefly, or gives teen too much responsibility in conversation (thereby not allowing the teen to have his/her own emotional experience). Mom tells teen she shouldn't feel a certain way because it upsets mom, or mom shifts focus of conversation from the teen's emotions to her own emotions.

Example: (T):"When you and Dad broke up, I was really sad."
(M):"Yeah, I remember when my Dad left. I was all alone and I lost the one person who was supposed to care about me."

OR

(M):"Anyways, middle school teachers here are not usually the best, I've met a lot of your teachers, and they're just okay."

OR

(M):"You know what's gonna happen in a month? You'll ask and he'll do it again cuz that's how your dad is."

• **Agreeing or Reinforcing Teen's Self-Invalidation**

Mom agrees when teen criticizes self or when teen overgeneralizes negative aspects of the situation. Basically, mom agrees with or encourages teen's self-invalidation.

Example: (T):"After I got in that argument with Kristen, I felt so stupid for crying in front of her."
(M):"Yeah that wasn't a very smart thing to do."

OR

(T):"I have goals, but I can't find the motivation to achieve them."
(M):"You're really just being lazy. You could get a job if you really wanted too."

- **Mom Increases the Negative Valence by Overreacting or Becoming Distressed, Overgeneralizing a Negative Aspect of Situation, or Providing Very Poor Problem-Solving Advice**

Mom says things that make the situation feel worse for teen without directly criticizing the teen. Mom might focus on all the negative aspects of situation or bring to light additional reasons to feel bad about how the teen reacted. Also, Mom may give teen a really poor coping strategy. Mom might get visibly upset or she might overgeneralize from one instance of teen's behavior. Mom may ask follow-up questions, but in a manner where she is clearly becoming distressed.

    Example: (T):"It was just such a stupid thing I did making a big scene in front of the other guys on the wrestling team."
                (M):"Yeah. I don't know how you'll face them come practice time on Monday."
    OR

                (T):"I don't know what to do when I get mad like that."
                (M):"Eventually you need to man up and hit him back…otherwise he's going to always think of you as a wuss."
    OR

                (T):"Sometimes she makes me so mad I just want to slap her."
                (M):"Who do you want to slap? You don't want to slap me, do you? Why would you even talk like that?"
    OR

                (C):"I just started crying. I couldn't help it."
                (M):"Yeah, you always cry at the drop of a hat."

- **Mom Validates the Invalid or Clearly Disingenuous Disclosures of Distress**
Mom accepts teen's wants, behaviors, or emotions that are maladaptive in the given situation. Mom fails to acknowledge or call the teen out when teen's disclosure of behavior or emotion is not genuine or authentic or would be considered invalid. Mom may condone teen's behavior by laughing, agreeing, or not calling him her out.

    Example: (T): [Jokingly laughs and says] "If I wasn't so scared to kill myself, I would."
                (M): [Laughs] – {By laughing, mom is reinforcing teens desire to kill him/herself}
    OR

                (T):"Last year I bullied some other kids at school?" {Clear from conversation that teen does not feel bad about this, and seems

excited by it.}
(M):"I know you're not a bad kid."

OR

(T):"She says, rrlike, 'Yeah, well, you're a bitch,' and I know that
I'm a bitch.
(M): [laughs]

LEVEL 5 Invalidation – Pathologizing

- **Mom Blames Teen for Event (Rather than Focusing on Emotion).**

Mom blames, criticizes, or pathologizes teen's behavior when it is reasonable or normal
in the present circumstances (remember: self-descriptions of private behaviors are
assumed to be accurate unless evidenced otherwise.) Mom makes it clear that the teen is
at fault for situation. Mom may take the side of the other person to demonstrate to teen
why s/he is to blame for the event. Mom may make statements that contradict or criticize
the teen's self-disclosures of private experiences.

Note: Make sure to differentiate between blaming the teen for the *event* and blaming the
teen *as a person*. The event is Level 5 Invalidation but criticizing the teen as a person or
as part of his/her character is Level 6 Invalidation.

> **Example:** (T):"Steve used to be my best friend, but after he lied about what
> happened at school, I just don't feel like I can trust him. It makes
> me upset when I think about it."
> (M):"It sounds like Steve was just trying to stick up for himself.
> You shouldn't have trusted him if you weren't sure that he'd
> support you. Sounds like a bad decision."

LEVEL 6 Invalidation – Attacking or Fragilizing

- **Criticizing the Teen, Character Assault, Treating the Teen as though She is
  Incompetent**

Mom attacks the teen, not merely the teen's emotion. Mom is patronizing, condescending,
or exhibits contemptuous behavior (e.g., a less direct and more passive-aggressive
attack).

> **Example:** (T):"I felt really mad that you wouldn't take me to the movie."
> (M):"You can be so selfish."
>
> OR
>
> (T):"I just started crying. I couldn't help it."
> (M):"Yeah, that's one of your weaknesses. You're so sensitive,
> and you don't know how to deal with your emotions."

OR

> (T): [T gives long, detailed disclosure of a time she felt proud.]
> (M):"[laughing] I'm sorry, "There were the snowflakes, and the weather, and people around, and duh, duh duh, duh, duh duh," and [laughs harder] I just, [T laughs] I was waiting, I was waiting [stut] for what had, what the moment you were really proud of, but no, you're just talking [laughing] so I missed, rryouknow, a little, anyway [cdi] I realize [gets water out and takes drink]"

LEVEL 7 Invalidation – Indifference to Vulnerability

- **Leaving the Teen Hanging Out to Dry (Punishing Teen's Disclosure by Not Responding)**

Mom fails to respond to teen after teen makes a vulnerable self-disclosure.

> **Example:** (T):"I felt so sad when dad left."
> (M):"Mom says nothing, provides minimal response, or does not acknowledge that teen disclosed anything."

- **Punishing the Teen for Disclosing**

Mom suggests or implements a punishment for teen's disclosure.

> **Example:** (T):"After Kate said she didn't like my new haircut, I was pretty upset. I know it's stupid but it just really hurt my feelings."
> (M):"Well, that's the last time I give you any money for a haircut. What a waste."
> OR
>
> (T):"Don't tell him I said this, but it hurts my feelings when Dad plays with Mikey but not with me."
> (M):"Well, I'm going to have to tell him you said that so he knows."
> OR
>
> (M):"So, but yeah unfortunately, I don't think I'm going to have you take band next year, you just have trouble with that…"

Invalidation Rating Scale

1-No Invalidation

No invalidation and mom is actively participating and actively engaged in conversation.

2-Very Low Invalidation

A single to a few instances of IV2—inattention, missed opportunities, or functional unresponsiveness.

3-Low Invalidation

Multiple instances of IV2 invalidation OR a single to a few instances of IV2 invalidation plus 1-2 IV3s OR a single instance of IV4.

4-Moderate Invalidation

Multiple instances of IV2s and IV3s OR a few to several instances of IV3s plus one or two IV4s.

5-High Moderate Invalidation

One or two instances of IV5 or IV6, in combination with other IV2s, IV3s, or IV4s OR multiple instances of IV4 in combination with lower levels of invalidation.

6-Strong Invalidation

Multiple instances of IV5 or IV6 OR a single level of IV7 in combination with lower levels of invalidation (IV2, IV3, IV4).

7-Very Strong Invalidation

Five or more instances of IV4, IV5, and IV6; two or more IV7s Mom will be invalidating teen's emotions/experience throughout the task. However, if teen discloses a "big" disclosure (e.g., highly emotionally arousing, significant event) and the mother leaves teen hanging out to dry, with little other invalidation, it may be reasonable to code a 7. If there is significant validation, do not code 7.

Validating Behaviors	Invalidating Behaviors
V1: Attentive Listening: Basic attention, active listening, ordinary nonverbals. NOT CODED BECAUSE IT IS CONSIDERED BASELINE.	**IV2: Inattention:** Not paying attention, distractible, changes the subject, anxious to leave or end the conversation.
V2: Acknowledging or Functionally Responding: Accurately reflecting or acknowledging the other's disclosures of thoughts, feelings, wants; Functionally responding by answering directly or problem solving.	**IV2: Missed Opportunities or Functional Unresponsiveness:** Not participating actively, not providing evidence of tracking; Missing opportunities to validate or validating at a lower level than needed; Functionally unresponsive.
V3: Clarifying: Helping the other to articulate or clarify private experiences; Asking questions or offering ideas about what the other is thinking, feeling, wanting in an empathic (not insistent) way.	**IV3: Insisting:** Insisting what the other DOES feel, think, or want, even in the face of contradictory statements; Telling the other what they SHOULD feel, think, or want.
V4: Recontextualizing: Communicating acceptance of public or private behaviors in context of past history; Reducing the negative valence of a self-disclosure and putting a more positive spin on it.	**IV4: Increasing Negative Valence:** Agreeing with or enhancing the other's self-invalidation when behavior makes sense in terms of history; Increasing the negative valence when it could be spun differently.
V5: Normalizing: Normalizing the other's public or private behavior given the present circumstance; Emphasizing the "of courseness" of the behavior ("me, too" or "anybody would").	**IV5: Pathologizing:** Pathologizing or criticizing the other's public or private behavior when it is reasonable in the present circumstance; Gaslighting.
V6: Radical Genuineness: Empathy, acceptance of the other as a person; Cheerleading; Treating the other as competent and equal; Invalidating the truly invalid.	**IV6: Attacking or Fragilizing:** Patronizing, condescending, or contemptuous behavior; Character assaults or over-generalizing negatives; Treating the other as fragile, incompetent, or less than equal.
V7: Reciprocal Vulnerability: Matched self-disclosure in context of the other's vulnerability (focus stays on the other person).	**IV7: Indifference to Vulnerability:** Leaving the other hanging out to dry; Assuming a more powerful position by not responding to vulnerable self-disclosures.

APPENDIX M (CONTINUED)

<u>Additional Rules and Guidelines</u>

1. 99 (uncodable). If the mother says something that is unintelligible (i.e., you cannot decipher exactly what was said) or the teen says something unintelligible that makes the mother's subsequent statement(s) confusing to code, then document the statement as a 99 – uncodable. If the mother does not complete her sentence, code as a 99.
   - Example. (M):"I know, it's, I,"

2. 0 (no code). If the teen is no longer talking about emotion or the situation related to the emotion and the mother responds to the teen, do not code as validating or invalidating. Give a 0 – no code.

3. If the mother starts the conversation with a question about the task, the teen's emotion, or the teen's emotion, give a 0 (no code).

4. Do not give an invalidating code for changing the subject if the mother has already talked to the teen about the emotion for several utterances (even if you don't think the mother did the best job at talking about the emotion) or the issue seems resolved.

5. If a change in topic results in the teen being validated or invalidated, code accordingly.

6. If a change in topic results in the mother bringing the teen back to the original topic, do not code as an invaliding change in topic, unless the mother did so in an invalidating way.

7. If the coder strongly believes that there is more than one sentence/segment that should be coded in an utterance, break the utterance up into the appropriate number of segments and make it clearly visible on the coding sheet that the double coder should give the same amount of codes
   1. If there is more than 1 code/codable segment of an utterance but the coder does not believe it should be broken up, leave the coding sheet as is (so the double coder knows to only give 1 code)
      a. If one code is mild and one is strong, always give the stronger code (this rule applies to Validating-Validating combinations, Invalidating-Invalidating combinations, and Validating-Invalidating combinations)
      b. If you have a Validating-Invalidating combination and both codes are mild, or both codes are strong, give the Invalidating code (e.g., a mild Invalidation code and a mild Validating code would receive the mild Invalidating code; a strong Invalidation code and a strong Validating code would receive the strong Invalidating code).

8. Any pauses or breaks in the conversation that are mother-directed and >5 seconds receive a code of IV2 (pauses less than 5 seconds are not coded).

9. Pay attention to your emotional reactions and responses to the participants and the topics they are discussing. You find that certain disclosures strongly resonate with you or that you really like or dislike a person because they remind you of someone you know or you have strong feelings about them for another reason. Then try to code in as unbiased a way as possible by sticking close to the manual and not reading into things.

10. Do not become biased in your coding – although it is sometimes important to take the context/general tone of an interaction into account when coding, if a mom that has been generally invalidating/validating makes a statement that is validating/invalidating, it is still important to award them the correct code, even if it is inconsistent with previous codes.

11. For the global ratings, if you disagree with the final code, believing that it is too strong or too weak for the entire interaction, you may choose to increase or decrease the score by 1 point. In making this decision, you may consider how effective mom was in validating/invalidating or how well the teen responded to mom. It may be that mom did provide some validation (e.g., V2s, V3s, and V4s), but missed the teen's primary disclosure/emotion.

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